funeral

I in by the 1

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

DIRECTOR: After this certificate has been signed by the attending physician and completely a should be defached for use as the burial-transit permit. They please remove carbon papers the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

the hospital or attending physician.

ATTENDING may be retained by

OR

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND

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Colo.	43	41	8	S	CERT	IFI	CA	TE	(	)F	D	EA	TI	H

	01188	3	CERTIFIC	ATE C	OF DEA	TH			1	111	72
1. PLACE OF DEATH			MARYLA		o. STATE		157	b. COUNTY		dence be	fore edmission
write RURAL and	if outside corporate lim give neerest town)	its,	c. LENGTH OF STAY I	1	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)						
	TAL OR INSTITUTION		a weeks	11/	d. STREET ADDR	agersi rth Av				e.	IS RESIDENCE ON A FARME S NO
Wash Control of the c	ounty Hos		Middle INIA		Last	4. DA	TE	Month	2 30	oy Ogy	Yeer 19
5. SEX	IDA 6. COLOR OR RACE		NEVER MARRIED	B. DAT	REWS	1076	9. AGE last b		UNDER 1 YEA		NDER 24 HRS.
Female  10a. USUAL OCCUPAT dona during most of wo Houseke  13. FATHER'S NAME	erking lifa, even if ratio	k 10b. Kil	NO OF BUSINESS OR IN	DUSTRY 11.	ot 13 BIRTHPLACE (1981 HA) 1981 HA) MOTHER'S MAI	Gross	85 wn wn Rd	ash (	12. CITIZEI	USA	AT COUNTRY
Jere: 15. WAS DECEASED EV (Yes, no, or unkown) (I	ER IN U.S. ARMED FO	service)			RMANT	garet ndrews	136	Address	nson	e	
PART I DEAT	H WAS CALISED BY.	Pulm	onary emb		Hager	stown	Md.			ONSET A	AND DEATH
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Sland hyr	pertensiv	e car	TRIBUTING TO DEATH J			cere;	bral	thro	M DOS	19. W S 1	AS AUTOPSY PERFORMED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER	Pat	tent fell	CURED. (Ente	or nature of injur	of_bed	room.	Dep	uty n		cal
20c. TIME OF INJU	OC. 15 19 (	While	Not While	factory, st Home	INJURY (Home reet, office bldg	[., elc.) !	city or low Hager		n, Wa	Ma	arylar ngton
21. I certify it	that (I) (this hospised alive on Dec	ital) attend	led the deceased	from A.U.g.	Macured :	20861 M,	toDe	causes ar	5, 1 <u>6].</u> id on the	date s	(I) (we) la tated abov
22a. SIGNATURE	188211	be-	2	COU DO	ATTENDING	MED. DIRECTOR	STA PHY	AFF 'S.	Jan.	3,	1962
22c. PHYSICIAN'S NAME (Type)	·	eisle	M. D. De	1 my	ADDRESS		West	18.07	ingto	n St	reet

TO HOSPITAL TO FUNE director, page be filed with th VR A15 (4) 15M 9/60

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial
1/4/62 Rest Haven Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE Coffman Hagerstown Md.

NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)

Hagerstown Wash Co Md. 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DAMAN 8 '62

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **DIVISION OF** 01173

1			
4	,	Washington MARYLAND	
	1	b. CITY OR TOWN (if outside corporate limits,	
		77	/3 Hagerstown
1			d. STREET ADDRESS   0. IS RESIDENCE
1		912 Hemilton Blvd.	912 Hamilton Blvd.
		NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	5.		8. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED	
	10e dor	USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUS	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown Hagers town Hagers town  d. MAME OF Hariston Blvd.  3. NAME OF First 912 Hamilton Blvd.  5. SEX OCIOR RACI 7. MARRIED NIVER MARRIED DESCRIPTION OF BEACH DORESS 912 Hamilton Blvd.  5. SEX OCIOR RACI 7. MARRIED NIVER MARRIED DIVORCED DIVORC			
		Calvin Bachtell	Florence Funk
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17.	
	110		Mrs. Alice V. Bachtell, Hamilton Blvd.
			921 INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	
		1 1 1	
		Carp mand	thrombosis' 2 hry.
		geve rise to Immediate cause	
		(e), siering the undarrying	lerosia 4771.
1	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	ATIC		PERFORMED? YES NO N
ī	RTIFIC		ED. (Enter neture of injury in Part I or Pert II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICA	Hour a.m. While Not While fi	
		21. I certify that (I) (this hospital) attended the deceased from	0 ct , 1954 to Jen. 10, 1962 that (1) (we) last
			22b. DATE
		17 a G / hollman	NINE DIRECTOR DIVINE
		22c, PHYSICAN'S	22d. ADDRESS
		Lloyd Al Hol-Fine	2144-Botom2c H- Mc.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 1/12/62 Rest Haver	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REGISTRAR 256, REGISTRAR'S SIGNATURE
1		Andrew K. Coffman, Hagerstown, Mar	Vland DATE Cithur & Kons

mietely d in by the funeral apers, rages I and 2 should 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Part may be retained by the hospital or attending physician.

S TO FUNE:

S TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and completely in it is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 5 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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DIVISION	OF STATIST	CAL RESEA	RCH AND RECORDS,	301 W. PRESTON ST	REET, BALTIMORE	AARYLAND 2386
E J. NAME OF DECEASED	a. (Fin	rst)	b. (Middle)	c. (Last)	2. DATE (Month)	(Day) (Year)
e(Type or print)	Rober	t	Dean	Bailes	DEATH Jan.	1962
a. COUNTY	тн Washingto	on Count	ly	4. USUAL RESIDENCE (1	Where deceased lived. If ins dmission) and b. COUNT	77 1 1 1
b. CITY or TOWN H	agerstown		c. Length of Stay in City or Town Yr. II MOS.	c. CITY		
d. NAME OF HOSPITAL INSTITUTI	on Washin	gton Cou	street address) nty Hospital	d. STREET ADDRES	vania Ave.	
	F DEATH INSII	DE CITY LIMI	TS?	e. IS RESIDENCE INSI	DE CITY LIMITS?   f. Is	RESIDENCE ON A FARM?
YES				YES NO		YES NO
	nite	7. MARRIED WIDOWED			Age (In years If Under 1 Months I	YEAR   IF UNDER 24 HRS
IOa. Usual Occu-	PATION (Give kin of working life,	d of work don	e 1 10h Krup or Business		foreign country) 12. Circ	ZEN OF WHAT COUNTRY
				Summersville,		
13. FATHER'S N.	AME			14. MOTHER'S MAIDE	N NAME	
15 W. D.	Robert	J. Baile		Helen Cole		
15. Was Deceases (Yes, no, or unknown	un) (If yes, give	War or dates o	f service) 16. Social Sect	Robert H.	A	town, Md.
18. CAUSE OF	DEATH [Enter	only one cause	per line for (a), (b), and (c)	1	1	INTERVAL BETWEEN
	I. DEATH WAS		Carrie and and	cernia Eul	· +.	ONSET AND DEATH
	IMMEDIATE (	AUSE (a)	Menergoro	respect jus	minaring	- 8 Wrs
which g	ns, if any, ave rise to Di	JE TO (b)	9			
	the under-					
lying ca		JE TO (c) _				
5					condition given in part 1(a	YES NO
20a. ACCIDEN	T SUICIDE HO	MICIDE 20	b. Describe How Injury (	OCCURRED. (Enter nature o	of injury in Part I or Part II	of item 18.)
ZUC. TIME	Month, Day, 1	ear, Hour				
INJURY		M.				
INJURY  20d. INJURY  WHILE AT C	OCCURRED NOT WHILE At WORK		E OF INJURY (e. g., in or about factory, street, office bldg.,	out home, 20f. CITY etc.) or TOWN	COUNTY	STATE
	the deceased fro	1	112/62	1/157/62		1/11/63
	irred at	9:50	non the da		w the deceased alive on	
22a. SIGNATU		ocon	(Desgree or tiple)	22b. ADDRESS	best of my knowledge, from	22c. DATE SIGNED
23a. Burial, Crem Removal (Sp.	ecify) .	ATE	123c. NAME OF CEMETER		Location (City, town, or co	unty) (State)
Burial.		/62	Ollgal Cemete		. Nebe, W. Va.	
24. Dite Rec'd B	R 1 4 '62		AR'S SIGNATURE	Mickely Took	Puneral Home App	ainelle W.Va.

MADVIAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEP W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MASHINLTON the d 2 MARYLAND death. b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) d. STREET ADDRESS CONSBOYO certificate be executed within e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospites, give street eddress) ON A FARM? YES NO completely 3. NAME OF Middle Yeer DECEASED (Type or print) DEATH JANUARY. 1962 Within physician and con a remove carbon AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. DATE OF BIRTH OR RACE 7. MARRIED X NEVER MARRIED last birthday) 23 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MOTHER'S MAIDIN NAME TAKMER FATHER'S NAME please aftending 16. SOCIAL SECURITY NO.I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) [lifyes give werer detes of service] 300NSBORD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. DIRECTOR. 21. I certify that (I) (this hospital) attended the deceased from A 2 19 and that death occurred at 4.1.M, from the causes and on the date stated above. saw the deceased alive on. 226. DATE 22a. SIGNATURE L MED. ATTENDING STAFF DIRECTOR PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS SEC ON DARI FUNE director, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) OH DOGNURORO 25a, RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61 DATE AN 3 1 '62 Chillun & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01190 director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington h. COUNTY Maruland Washington MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give negrest tawn) 무 dagerstown. Jacerstown d. STREET ADDRESS d, NAME OF HOSPITAL (If not in hospital, give street address) m. IS RESIDENCE ON A FARM? OR INSTITUTION King St. 115 Kina St. YES NO IX NAME OF Middle 4. DATE First Month Dov Year Dallas Baker loseph DEATH 1962 (Type or print) anuary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH lost birthday) Months Days WIDOWED | DIVORCED | anuary 4, 1888 popers. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)

Construction 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Emmitsburg, Maryland pou 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 8 2. Joseph Adam Baker Lydia Sheets ¥ith гетоме 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Donald Baker 1140 Kuhn Ave. Hagerstown, Md. 215-14-2580 pleose 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO permit. Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO ZI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while at work at work or ATTENDING Pad by the hospitol ECTOR: After the detoched for 1-22- 1962 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from. 12-1-196/ to\_ and that death occurred Mark from the causes and on the date stated above. sow the deceased olive on 22a. SIGNATUM 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 62 M.D. PHYS. 22c. PHYSICIAN'S 22d, ADDRES NAME (Type) TO FUNERAL poge 3 short poge 3 shi 23b, DATE THEREOF BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rest Haven Cemeter dagerstown 24. FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15 (4) Hagerstown, Md. arilwy & Theirs DATE, JAN 2 6 '62

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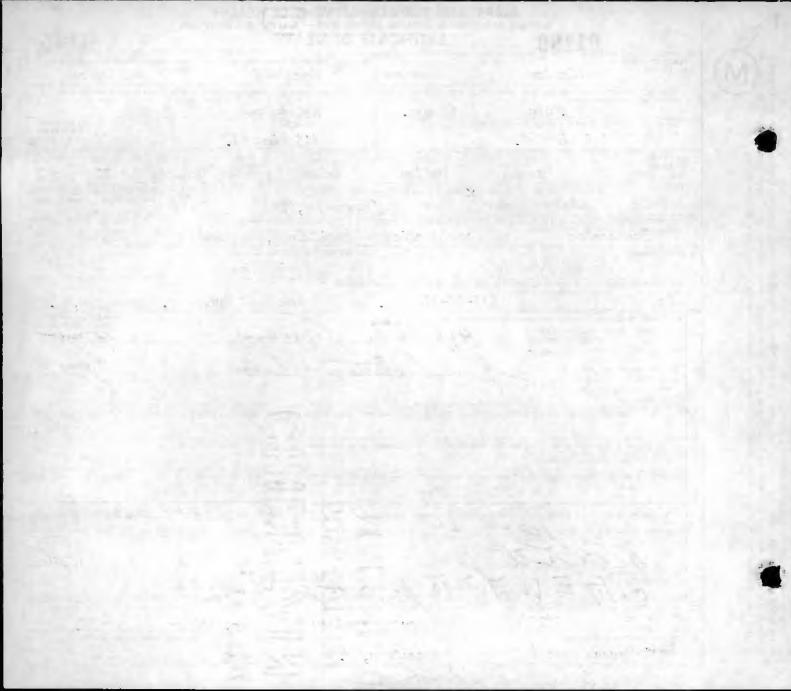
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that the death certificate



VR A15 (4) 15M 9/59

Hagerstown, Md.

24, FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR DATE JAN 1 0 '62

25b. REGISTRAR'S SIGNATURE Carlan & Krouge

R. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

20 ac

WAS AUTOPSY

(Stote)

226 DATE SIGNED

(Stofe)

PERFORMED? YES NO F

(County)

19 62 that (1) (we) last

ON A FARM?

YES NO M

Year

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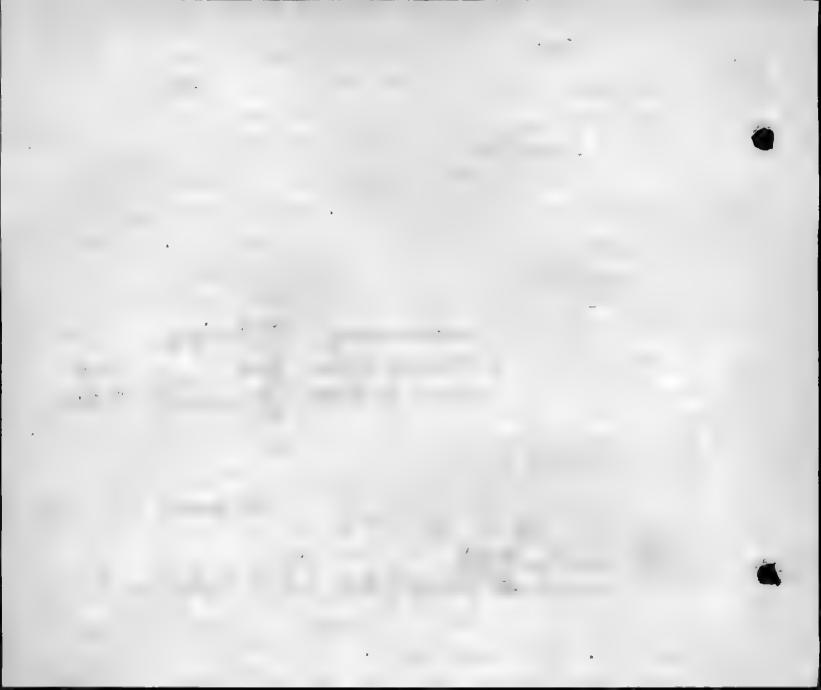
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MARYLAND STATE DEPARTMENT OF HEALTH



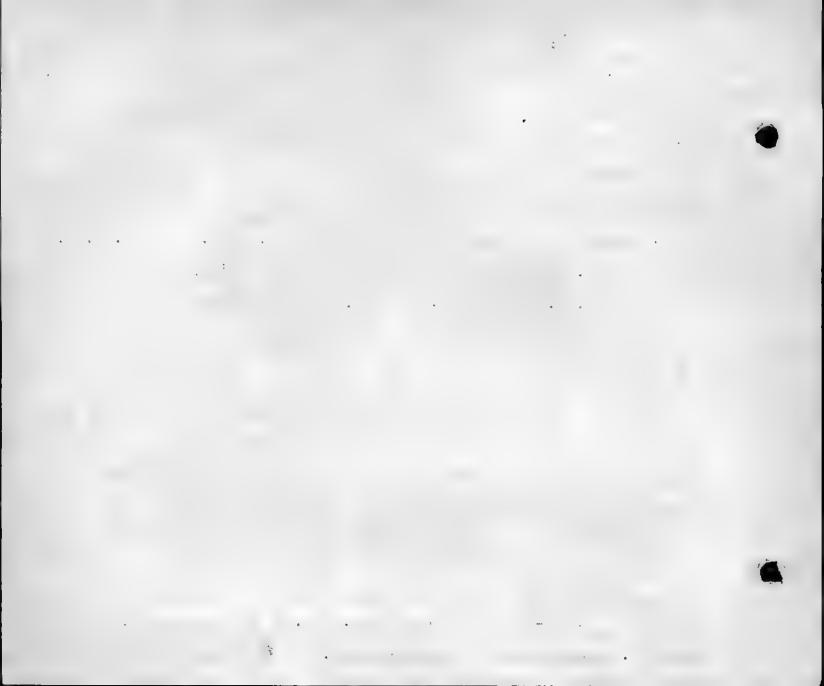
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
e final series		PLACE OF DEATH  a. COUNTY WASHINGTON  MARYLAND  2. USUAL RESIDENCE (Where deceased fived, it institutes a. STATE MAPYLAND b. COUNTY	on. Residence before admission
in by the stand ter dear	07	b. CITY OR TOWN (if outside corporate limits, write RURA cryo nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURA HAGERSTOLN  HAGERSTOLN  HAGERSTOLN	Land give nearest town)
urs aft	10	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d STREET ADDRESS	a. IS RESIDENCE
19	-	GAILOCK I. CONV. HOSPITAL 938 CORBETT ST.	YES NO
12 per 1		NAME OF Frst Middle Last 4 DATE Month DECEASED OF	Day Year
E SE		(Type or print) GEOFGE LIGHT SONI BRAKE DEATH JANUAFY	16 19 62
and carbor		SEX    6. COLOR OR RACE   7. MARRIED   B. DATE OF BIRTH    WHITH   WIDOWED   DIVORCED     7/29/1884   9. AGE (In years lift UNI)   Month   MALLE   WHITH   WIDOWED   DIVORCED     7/7 yrs.	DER 1 YEAR IF UNDER 24 HRS. Hours Min.
cian ove eve		te. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12 gate during most of working life, even if refired	CITIZEN OF WHAT COUNTRY
ng physi ease rem d in any		FATHER'S NAME  GLOBGE BONDBRAKI  FATHER'S NAME  MARY ANNE 1'UNK	U.S.A.
e attendi Then pl loval, an		S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (es, no. or unknown) (Ifyeegivewerorderes of service)  (S. T.	 _
ren Timer		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
physici gned b sit pen on, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis	1 day _
been signarial-tran		Conditions, if any, which gave rise to immediate cause (b) Generalized Arteriosclerosis	Years
or affer has like but burial,	^	(a), stating the underlying DUE TO cause last.  (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a)   19. WAS AUTOPSY
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ined by E. After detached t. of Hea		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown) factory, street, office bldg., etc.]	(County) (State)
be reta		21. I certify that (I) (this hospital) attended the deceased from Oct. 20. 1961 to Jan 16., saw the deceased alive on Jan 15. 1962, and that death occurred at M. from the causes and	on the date stated abov
4 may 1. DIB ge 3 sh		M.D.	1-18-62 22b. DATE SIGNE
UNN Hor, pa	1	22c. PHYSICIAN'S NAME (Type) R. A. Bell, M.D. 22d. ADDRESS 119 N. Potomac St., Hag	
H G G G H G G G H G G G H G		REMOVAL (Spec fy) . 1/19/6: POST HITLE (37-2) . POST HITLE (37-2)	4
VR A1S (4) (	N.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR 256. REGISTRAR JAN 22'62  ADDRESS JAN 22'62  ADDRESS JAN 22'62	R'S SIGNATURE



01194 CERTIFICATE OF DEATH funeral plnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission) a COUNTY b. COUNTY Maryland Washington Washington \$ 7 × MARYLAND and b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š write RURAL and give nearest town) 1 day Rural Hagerstown (E) Hagerstown affe d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? Route Washington County Hospital YES NO X completely 3. NAME OF 4. DATE First M ddle Last Month Year DECEASED OF (Type or print) DEATH 19 62 Richard Boutelle 15 Schlev January carbon 5 SEX 6. COLOR OR RACE 7. MARRIED TANEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours White WIDOWED [ DIVORCED T Ju1vMale physician IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working its, even if retired) Consulton Automobile S. A. Vincennes, Ind. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME E attending O"Hara John F. Hannah Boutelle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [Yas, no, or unkown) | (Ifyesgive war or dates of sarvice) removal W. 218-16-0770 Mrs. Ellen B Boutelle Route attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Inbarachuoid housens hage 21 hours -IMMEDIATE CAUSE (a) Ruptiers of ansuritue of auterior Mukumre Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY After this certificate PERFORMED? YES NO -200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 2De. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Df. (City or Iown) (County) (Stata) Not While factory, straet, office bldg., etc.) While Hour a.m. DIRECTOR: / at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from 1-14, 1967 to 1-15, 1967, that (i) (we) last 22b. DATE 22a. SIGNATURE SIGNED **ATTENDING** STAFF DIRECTOR PHYS. PHYS. -16-62 HOSPITAL Path. Part 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (Stata) REMOVAL (Spacify) P B OH 1-17-62 Arlington Nat. Cem. Buria1 Arlington, Va. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE 1 9 162 Scott F. Minnich & Son Hagerstown, Md. Cother S. House

RYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



VR A1S (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF 195

CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY  b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  MASALIN CTCIV  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION III not in hospital, give street address)  d. STREET ADDRESS  A. STREET ADDRESS  ON A FARM?
	S. NAME OF MORPH FIRST WOOD NAME OF THE PARTY HAGERSTOWN MORTH POOR YOUR YOUR
	(Type or print) Charles Edward Bowers DEATH / 22 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION Giva kind of work done during most of wasking life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE [County & State, or fore gn country)  12. CITIZEN OF WHAT COUNTRY
	TRUCK FARMER DWIN FARM BEAUFIL CREEK WASH, CO. MO. U.S.A
	15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) [ (If yes grey we pror deless of service) ]
	18. CAUSE OF DEATH lenter only one cause per to for (e), (b), end (c). WERS. CARRILLE BOWLERS HAGERSTOWN MID. R. J. INTERVAL SETWEEN
-	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) TO bular Pue umana ONSET AND DEATH  ONSET AND DEATH
	33 / X DUE TO
	Conditions, fory, which (b) Cere by Vas cular accident 6 Weeks
	(e), staling the underlying DUE TO
1	Z PART OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) 19. WAS AUTOPSY PERFORMED)
ŀ	[3] Chronic Pyolo nephritis, generalized arterios clusosis VES [] NO []
	OR CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURED (Inter return of injury in Pert I or Part I of Item 18.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]
	20c. T.ME Of INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C ty or town) (County)  Hour a.m.
	0 0/2 - 0 0/4 - 0 0
	saw the deceased alive on
	Houng 6 Phys. Attending MED. STAFF DIRECTOR PHYS. 1 Jan. 22 1910
f	22c. PHYSICIAN'S NAME (Type) YOUNG E CHUN 22d. ADDRESS PENNA. AVR. Hager Journal
	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	DURING WAN 24 1962 DEAVER CREEK CEMIETERY DEAVER CICER WASH CO-NIL
	24 FÜNERAL DRECTOR'S SIGNATURE  ADDRESS  258. RECTORY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE  DATE



VR A15 (4)

15M 7/61

DATE



TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proc 4 may be retained by the hospital or attending physician.

S TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and complete! din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piease remove carbon papers and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

## MADVIAND CTATE DEDADTMENT OF HEATTH

- n	MAKILAND SIAIE DEN	WKIMEIAI OF I	REALIR	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMORE 1,	MARYLAND.
01107	CERTIFICATE	OF DEATH		0.73.25

	700								
1. PLACE OF DEATH	1		2. USUAL RESIDENCE (When		sidence before adm ssion)				
Washingt	on	MARYLAND	e. STATE Mary Land	b. COUNTY	ome rv				
	if outside corporate limits,			corporate limits, write RURAL and					
write RURAL end	give neerest town)		D= -1		- 1 M. 19				
		not in hospital, give street address)	Rockville_	- 4	Le. IS RESIDENCE				
			d SIREEI ADDRESS		ON A FARM?				
	ryland State	£	201 Baltimore Ro	**	YES NO C				
3. NAME OF DECEASED	First	Middle	Last 4. DAT	FE Month	Day Year				
(Type or print)	POR	Iter R	Brewer DE	TH -/anuare	27, 1962				
5. SEX			B. DATE OF BIRTH	9. AGE [In years   IF UNDER T	EAR IF UNDER 24 HRS.				
Male			Aug. 1,1897	lest birthdey) Months De	eys Hours Min.				
	ION (Give kind of work		RY 11 9 RTHPLACE (County & State	7 7 7 7 7	EN OF WHAT COUNTRY?				
done during most of wo	orking life, even if retired)	)	KI II SKIIITACE (COUNTY & SISTE	, or lose gir country					
Laborer	_		Tenn.		USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
Milam Brev	ver		Catherine Upper	son					
	ER IN U.S. ARMED FORCE			Address					
(Yes, no, or unkown) (I	fyesgive wer or detes of ser		rothy Depew-312 S	oth Place Peeks	311a Hd				
	EATH (Fater only one s	reuse per line for (a), (b), end (c) }	rothy beliew=312 3	eth Flace, Rock	INTERVAL BETWEEN				
	H WAS CAUSED BY:		•		ONSET AND DEATH				
	IMMEDIATE CAUSE (e;	Topular buent	wila		5 days				
5271 DUE TO 2									
Conditions, if eny	, which \ (b)	Pulmonary en	physema		17 years				
geve rise to immed	See Print TAX								
(e), stating the u	nderlying								
	R SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D. SE.	ASE CONDITION GIVEN IN PART 1	tell 19, WAS AUTOPSY				
2					PERFORMED?				
5	_				YES NO				
	AS UNDERLYING []	206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or P	erf II of item 18.)					
	MEDICAL EXAMINER								
20c. TIME OF INJU	JRY Month, Day, Year			(City or town) (Count	(Stote)				
Hour e.m.	40	While Not While fac	ctory, street, office bldg , etc.)						
	19		Manual Land	- 600 municipal 2 2 10 4	5 at a 60 ( ) 1 a				
and the second section of				TO TOURSE SHEET MALE IN IS	inal [1] 44401 last				
21. I certify	hat (I) (this hospita	attended the deceased from.	£145	•	The trial To				
saw the decea	that (I) (this hospital sed alive on CARA	all aftended the deceased from ARY 27, 19 62 and tha	t death occured at	rom the causes and on th	e date stated above.				
saw the decea:	that (I) (this hospital sed alive on CON	affended the deceased from Lary 27, 19 62 and tha	at death occured at	rom the causes and on th	e date stated above.  22b. DATE SIGNED				
saw the decea	sed alive on Janua	(ary 27, 19 62, and tha	ATTENDING MED. PHYS. DIRECTOR	rom the causes and on th	e date stated above.  22b. DATE SIGNED				
saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S	Victor	L. Rames	ATTENDING MED. PHYS. DIRECTOR	rom the causes and on th	e date stated above.  22b. DATE SIGNED				
saw the decea: 22e. SIGNATURE	Victor	L. Rames	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS WESTER	STAFF PHYS. M. fand n md. Stall Hos	22b. DATE SIGNED CORY 27, 1965				
saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Victor Victor	L. Rames, M.D.	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS WESTER 1-1age	STAFF PHYS. A fare no man State Hos	e date stated above.  22b. DATE SIGNED LORY 27, 1966 PHUL and.				
saw the deceared the same saw the deceared the same same same same same saw the same same same same same same same sam	Victor  Victor  Victor  ON, 23b. DATE THERE	L. Rames, M.D.  23c. NAME OF CEMETERY	ATTENDING DIRECTOR  22d. ADDRESS LASTOR  OR CREMATORY  23d.	STAFF PHYS. IN JAPA  N ma. Stall Hos  Responses from the county of the c	e date stated above.  22b. DATE SIGNED SIGNED LORY 27, 1966 PHUL (State)				
saw the decear 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type  23e. BURIAL, CREMAT REMOVAL, (Specify,	Victor  Victor  Victor  ION, 23b. DATE THERE  1/30/62	L. Rames, M.D.  23c. NAME OF CEMETERY Parklawn	ATTENDING DIRECTOR  22d. ADDRESS 22532  OR CREMATORY 23d.	STAFF PHYS. IN Japan  To man State Hos  Responsible (City, town or county)  Ck ville, Marylan	e date stated above.  22b. DATE SIGNED SIGNED SORY 27, 1965 SPHULE (and. (Stete)				
saw the deceared the same saw the deceared the same same same same same saw the same saw the same same same same same same same sam	Victor  Victor  Victor  ION, 23b. DATE THERE  1/30/62	L. Rames, M.D.  L. Rames, M.D.  DE 23c. NAME OF CEMETERY  Parklawn  ADDRESS	ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS SUSCIE OR CREMATORY  25a. REC'D BY RE	STAFF PHYS. IN JAPA  STAFF PHYS. IN JAPA  TO MA. Stall Hos  CATION (City, town or county)  CKVILLE, MARY Lan  GISTRAR 25b. REGISTRAR'S SI	e date stated above.  22b. DATE SIGNED SIGNED SORY 27, 1966 PHUL (Stele) GNATURE				
saw the decear 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type  23e. BURIAL, CREMAT REMOVAL, (Specify,	Victor Victor  Victor  ON, 236. DATE THERE  1/30/62  RES SIGNATURE	L. Rames, M.D.  23c. NAME OF CEMETERY Parklawn	ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS SUSCIE OR CREMATORY  25a. REC'D BY RE	STAFF PHYS. IN JAPA  STAFF PHYS. IN JAPA  TO MA. Stall Hos  CATION (City, town or county)  CKVILLE, MARY Lan  GISTRAR 25b. REGISTRAR'S SI	e date stated above.  22b. DATE SIGNED SIGNED CORY 27, 1966 CORY 27, 1966 (State)  GNATURE				



CERTIFICATE OF DEATH 01198 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY e. STATE 6. COUNTY the J 2 Washington MARYLAND by than b. CITY OR TOWN (if outside corporate imits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give pearest town) write RURAL end give necrest town) Haverstown Md. 7 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Washington County Hospital completely papers. Inet DATE Manth DECEASED OF (Type or print John K DEATH Caddie carbon 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH and last birthday) WIDOWED [ DIVORCED Dec physician 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if ratired) Marchenie: Mechanic Auto Germany 13. FATHER'S NAME Not Known Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes. no. or unkown) I (If yes give wer or detectors of service) Caddie Rura 18. CAUSE OF DEATH Enter only one cause per lun ģ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause **DUE TO** (e), steting the underlying cause lest. NAL D SEASE CONDITION GIVEN IN PART 1(a) Φ OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT VAS UND RLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCU ED. (Enter neture of injury 'n Pert I or Part II of fem 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Not While et work et work may be retaine DIRECTOR: 8 saw the deceased alive on ... 22e. SIGNATL PHYS. XXX MED. STAFF DIRECTOR PHYS. 22d. ADDRESS FUNEE ector, p RICHARD BINFORD. POTOMAC AVE. 1135 director, I 23d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Lawn Memorial Cedar ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND

Washington e. IS RESIDENCE

> WAS AUTOPSY PERFORMED? NOXX

> > SIGNED

1962

-Hancock-Maryland ON A FARM? YES NO TY

> Yee 19 62 AGE (In years IF UNDER 1 YEAR JF UNDER 24 HRS.

> > Hancock

Months 12. CITIZEN OF WHAT COUNTRY?

U.S.A

Address

(County) (Stete)

Hagerstown Washington Md.

256. RECOLBY REGISTRAR 256. REGISTRAR'S SIGNATURE Circles S. There

myssian minten 1-2 14-4 Cornery wired down a when a Covernment want designed from Emprayment, Cercen of pictorte.

Willsod Windred ..

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMIN 1/02 1WK 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on a. COUNTY COUNTY Page Washington Washington MARYLAND Maryland b CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporete limito write RURAL end give necres) town) 핗 write RURAL end give neerest lown) Hagerstown Hour Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS . IS RESIDENCE ON A FARM? West Antietam St. Parking Lot Pheasant Trait YES NO X 3. NAME OF Middie 4. DATE Year DECEASED OF 1962 (Type or print) Sylvester Churchev DEATH Jan. 10. Warren 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In years 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. 30 yrs. Male DIVORCED July WIDOWED 10s. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, evan if retirad) Manager Loan Company Wash.Co.: Maryland USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Sylvester Churchey Betty Elizabeth Lohman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Same as (Yas, no, or unkown) ((Ityesgiva war ordaies of service)
Yes Korean War e along with f I-transit permit 220 28 3644Mrs.Jean Elizabeth Churchey 2 above Korean in pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE In Office **DUE TO** Conditions, if any, which geve rise to immediate cause rro DUE TO (a), stating the underlying 92 Examiner P cause lest. cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Medical NO F should | 2Da EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) age 3 PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. TOR: Page 3 2Dc. TIME OF INJURY 20s. PLACE OF INJURY [Home, farm, ! 20f. / City or town] Month, Dey, Year 20d. INJURY OCCURRED (County) (State) House a.m. at work at work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 and in my opinion Inquiry death resulted from: Natural\_causes Accident Suicide Homicide / Undetermined manner DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should S. A. SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPU Address (Street, city, town, or county) 6958 6) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 1962 Mt. View Cemeterv Sharpsburg 24a. REC VS. A15ME 5M 7/59 DATE

Itom . ℃, . 3, .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Reg. Dist. No.1 EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) o. COUNTY Washington 6 COUNTY Washington Maryland MARYLAND b. CITY OR TOWN I'll outside corporate fimils, wire RURA. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Ursd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ad STREET ADDRESS IS RESIDENCE ON A FARM Washington County Hospital YES NO X Clarendon flue. NAME OF DECEASED DATE Gentrude Clingon 1962 (Type or print) DEATH Mayne lanuary 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF JINDER 24 HRS fost birthday) Months Hours Tomale. WIDOWED DO DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? White Hall, Penna. Own Home Jousewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Hamilton Wintrod Alice Allison 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT [Yes, no, as unknown] (If you, give war or dates of service) Chas & Clinaan 449 Clarendon Ave. Hagerstown, Md. No None 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stoting the underlying equie fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES. NO T 20d. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 120f. (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Hour n.m. Not white at work at work 21. I certify that I took charge of the remains described above, held on Autopsy A. Inspection []. Inquiry [ ond in my opinion death resulted from: Natural causes A- Accident [], Suicide [], Homicide [], Undetermined monner [ DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION 1225, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ₹ 0 dagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE A15ME Rest Haven Funeral Chapel 17 thur & thous DATE



within 24 hours after

<u>~</u>

complete

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the

signed by

**burial-transit** 

YDIRECTOR: After this 3 should be detached for

death. Pacc. 4 IC FUNE: director, page 3

VR A15 (4)

15M 9/60



within 24 hours ofter death. Page



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Page b. COUNTY es. Washington Maryland Washington MARYLAND b. C.TY OR TOWN (if outs da corporata limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN If outside corporate him is, write RURAL and give nearest town! write RURAL and give nearest town) Williamsport 30 yrs. Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 211 N. Conococheague YES NO X Conococheague St. 3. NAME OF Middle DECEASED (Typa or print) 8. DATE OF BIRTH 18 DEATH Jan. 19 62 Raymond Franklin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX last birthday) Days Hours Male White WIDOWED | DIVORCED K Jan. Yrs. 0 10a USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Community Cab Cab Driver Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Davis Nina Cunningham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) (Ifyesgivawarordalasofservica) 2469Mrs. Mearle Petre Keedysville Md RFD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immadiata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3), 19, WAS AUTOPS Y ERFORMED? **B**. pluods 2Da. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stata) factory, street, office bldg., atc.) Hour a.m. Whila Not While ± 33 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion 0 Ö Natural causes Homicide | death resulted from: Suicide Undetermined manner rwarde DIRE( CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DE EXAMINER'S PUNER HOWARD DEPU NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Bakersville Md. 21-62 Bakersville Cemetery Jan. ក់ 40 Burial ᇻ 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus 5M 7/59 DATE

Si.

RYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



# completely in by the funeral properts set 1 and 2 should hin 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed with party may be retained by the hospital or attending physician. S TO FUNE: S TO FUNE: S ATO FUNE: S ATO FUNE: S Should be detached for use as the burial-transit permit. Then please remove carbon-papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, if thin 72 hou

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() 1 1 1

	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before admission)
4	Washington MARYLAND	Maryland Washington
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL end give neerest town) Hagerstown 1 year	( Hagerstown
М	d NAME OF HOSPITAL OR INSTITUTION ( F not in hospital, g ve street address)	d. STREET ADDRESS   0. 15 RESIDENCE
1	Washington County Hospital	31 S. Prospect St.
	3. NAME OF First Middle DECEASED	Lest 4 DATE Month Dey Yeer
Н	(Type or pr. nt) Virginia Agnes Drew	DEATH January 31 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE ( n years IF UNDER 1 YEAR, IF UNDER 24 HRS.
-	Female White   WIDOWED   DIVORCED E	Sept. 17, 1886 75 yrs. Months Deys Hours Min.
1	done during most of working life, even if retired)	Y 11 B RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Owner Secratary School	1! Richmond, Va.
	Franklin Pierce	Rosina Dennis
- {	15. WAS DECEASED EYER N.U.S. ARMED FORCES?   16 SOCIAL SECURITY NO 17 I	
	(Yes, no, or unkown) (Ifyes give wer or detes of service) No Do:	rothy Myers Funkstown. Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN
- 1	PART I. DEATH WAS CAUSED BY:	HILD AND DEATH
	IMMEDIATE CAUSE (e)	1000 1100 -
	DUETO (1/1/2)	schote furr disens Huddes
	Conditions, if any, which (b)	
	(a), stelling the underlying DUE TO	
	ceuse lest. (c)	AT DELL'ECT TO THE TERMINIAL DISEASE CONDITION CHARLIN DADY (1). 10. WAS ALITADEN
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
<b>5</b> ,	Y L	YES NO [2]
will a	E 206. ACC DENT WAS UNDERLYING _] 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING □ CAUSE OF DEATH OF THE FITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Part I or Part II of item 18.)
	Z 20c. TIME OF INJURY Month, Day Yeer   20d. INJURY OCCURRED   20c. PLA	CE OF INJURY (Home, ferm, 20f. [City or town] (County) (State)
	The state of the s	ory, street, office bldg., etc.)
	21   certify that (I) (this hoppital), attended the deceased from	mun 57, 196/10 /0-3/, 1967, That (1) (we) last
		death occured at 03M from the causes and on the date stated above.
	220. SIGNATURE	/. 2/b, DATE
	X. As Des April Delle	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   1/3/6 5 GNED
	226. PHYSICIANIS	22d. ADDRESS
	NAME ITYPE DIDNEY NOVEIDILI	1 FUNKSTOWN NID
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	_
	Cremation Feb. 1, 1962Greenmount	Crematory Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	Scott F. Minnich & Son Hagerstown,	A 4



pue hot completely papers. carbo physician and гетоув attending <u>p</u> After this DIRECTOR: 3 should be del leath. Par FUNE lirector, pa E E E VR A15 (4)

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Washington Washington MARYLAND b. CITY OR TOWN ( floutside corporate mils. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de corporete limits, write RURAL end g've nearest town) write RURAL end give neerest fown) Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS ON A FARM? 139 Greenmount YES NO V Greenmount Ave. 3. NAME OF Middle DATE DECEASED (Type or print) PEARL EMBLY DEATH January 6. COLOR OR RACE , 7. MARR ED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR, IF UNDER 24 HRS. last birthday) [ Months Fenale WIDOWED [ 10a. JSUAL OCCUPATION (Give kind of work 1 106, KIND OF BUSINESS OR INDUSTRY done during most of working I to, even if retired) Ashtabula, Ashtabula Co. Ohio Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Baker Marv(Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO 1 17. INFORMANT Hagerstown Md. Greenmount Ave. [Yes, no. or unknown] (If yes a vewer or detector service) David L. Embly 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT 20e ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While \_Not While Hour e.m. et work et work 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on... 22s. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR PHY5. M.D. 22c. PHYSICIANS 22d. ADDRES

23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Price' Cemeterv Burial

24 FUNERAL DIRECTOR'S SIGNATURE

23d. LOCATION City, town or county)
Pennsylvania near Waynesboro Franki 258. REC'D BY REGISTRAR | 258. REGISTRAR'S SIGNATURE

Andrew K. Coffman, Hagerstown, Maryland DATE JAN 1 7 62

ailing & House



be funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH

O TO DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA	TE OF D	EATH

1. 4 4 (14)

	32400 F	CERTIFICA	TE OF DEATH			'	1 + 0	15
1. PLACE OF DEATH	Perty Tome	MARYLAND	2 USUAL RESIDENCE (Who state Cumb rla		L COLLEGE	: Residence bef	ore admissi	ion)
b. C TY OR TOWN (	If outside corparate limits, write eorest tawn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporale	timits, write RUF	RAL and give ni	earest town	0)
RURAL and give n		1	Cu berland	i, Mary	land	61	A.	1
d. NAME OF HOSPII OR INSTITUTION	TAL (If not in haspital, give street		d. STREET ADDRESS	3 30 .			e. IS RESI	
	Hancock Rest II		Cumberland					NO 📑
3. NAME OF DECEASED (Type or print)	Bernice Markve	rstine Middle	last	4. DATE OF DEATH	Month January	25		Year 19 62
S. SEX	6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	the state of the s	Months Days	- Y	ER 24 HRS
<u></u>	WIDOW	ED DIVORCED	May 27, 1378	,	83 yrs.	DOY'S	110013	Will
Thus 10 III	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	Cumberla	_	iry) Æd	12 CITIZEN C	OF WHATC	OUNTRY?
I3. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME				
Lavid Eve	erstine		Clara	illa	rd			
	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT		Addres	SS		
1918	Cecond Territor	Alen F	M Bearinge	r HE	nenck	MA		
18. CAUSE OF DEA	ATH [Enter only one couse per li	ne for (o), (b), and (c).	4	<i>n</i> .			TERVAL BE	
PART I. DEA	ATH WAS CAUSED BY: CAL	terisschiel	in Heart	Vica	-ee		200	200
120	DUE TO	7,	10+	1		-	7 8	
Conditions, if o		eneralized	alluos	clero	من	Ü	107	ico.
gove rise to immediate couse (a), stating the under-								
lying couse lost.	, (-)							
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	PERFO YES	AUTOPSY PRMED?
200 ACCIDENT W.	AS UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	Port I or Port II	of item 1B.)			
3 20c. TIME OF INJUI	RY Month, Doy, Year 20d. 1		LACE OF INJURY (Home, farm,		town)	(County	()	(Stote)
Hour o.m.	19 While	IAOI MILIE	octory, street, office bldg., etc.	)				
	at (I) (this bosnital) atten	ded the deceased from	Jan 9 19/	19. 10 for	-25	., 1963. 1	that (I) 6	1 las
saw the decea	at (I) (this haspital) attended	1962, and that	death accurred a					
220 SIGNATURE	1	at D						b.DATE
F.B.	Thomas 111/	11.12.	M.D PHYS.	D. Rector 🔲	STAFF PHYS.		-29-	6.2
22c PHYSICIAN'S NAME (Typ)	. THOMAS IL	M.D.	HANCOC	CK	Md.		,	
230 BURIAL CREMATIC	Jan 29, 196	230 NAME OF CEMETERY S	Cemelery Comelery	23d LOCATIO	N (City, town or	county)	(State	(e)
24 FUNERAL DIRECTOR		ADDRESS O	230 REC'I	D BY REGISTRA	R 25b REGIST	TRAR'S SIGNAT	URE	- CC
John	y. Haker	Compensary	My DATER	6 762	0.1	0 /-		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 d by the haspital or attending physicion.

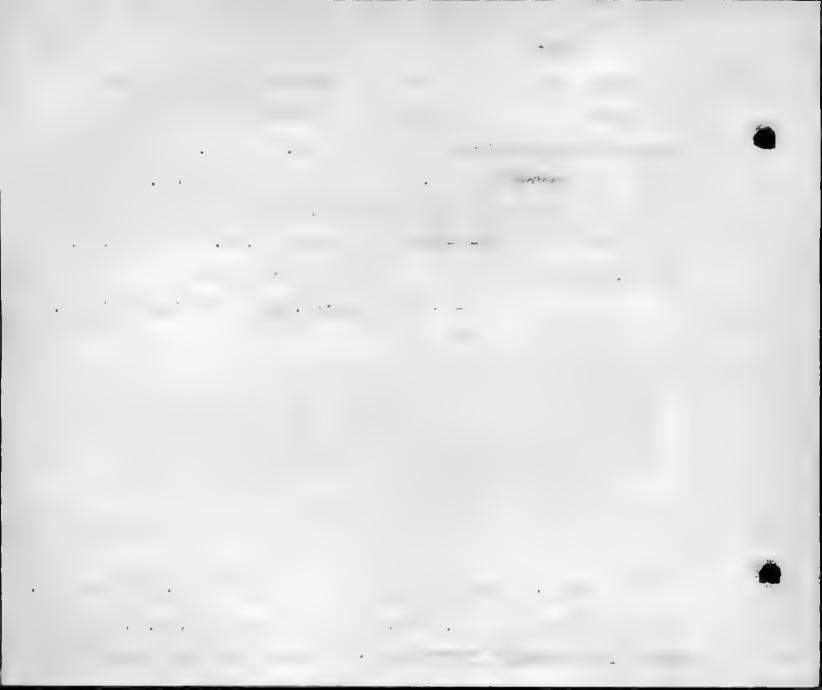
\*\*ETOR: After this certificate has been signed by the attending physician and campletely filled in the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and may be retained by the haspital or altending physicion.

TO FUNERAL

ECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shapping be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the Stote Boord of Health priar to burial, cremation, ar remayol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  OF 200 CERTIFICATE OF DEATH	
1.	PLACE OF DEATH  e. COUNTY  Washington  Maryland  b. CITY OR TOWN (if outside corporate l'mis, c. LENGTH OF STAY IN 1b  Z. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission and the state of the s	PO
3.	Hagerstown  d. Name of Hospital or Institution (if not in Hospite), give street eddress)  Washington County Hospital  A Hagerstown  ON A FARM  ON A FARM  YES \( \sum \cong \) No. Locust St.	M?
5.	Sex	RS.
de	Taxi service  Frederick Co. Md.  Taxies Name  105 KIND OF BUSINESS OR INDUSTRY  11. B RTHPLACE County & State, or fore gn country)  12. CITIZEN OF WHAT COUNT  12. CITIZEN OF WHAT COUNT  14. MOTHER'S MAIDEN NAME	RY
15 (Y	was deceased ever in U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. INFORMANT  es, no, or unknown) (Ifyes give war or dates of service)  174-20-2024 Clarence H. Eyler Blue Ridge Summit, Pa.  18. CRUSE OF DEATH [Enter only one ceuse per ling for (a), (b), and (c).]  NITERYAL BETWEEN  NITERYAL BETWEEN	
	Conditions, if any, which gave rise to immediate cause and the conditions of the con	-
ICATION	CBUSE 1051.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0)  PERFORMED:  YES NO	5 Y ?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  While Not While Some Month, Day, Year	
~	21. I certify that (I) (this hospital) attended the deceased from	DV6
23	22c. FLYS.CIAN'S JAME (Type) John C. Stauffer 22d ADDRESS 145 S. Prospect St. Hagerstown, Md. B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slata)	<b>.</b>
-	Burial 1/23/62 St. Jacobs Farifield, Pa. R.D.1	
	3. 5. 10 dd 13 15 17 17 17 17 17 17 17 17 17 17 17 17 17	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOI W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. COUNTY  Washington  b. CIT OS TOWN of dutal in corporate I miv.  Washington  b. CIT OS TOWN of dutal in corporate I miv.  FIRED TS COUNTY  Washington  C. LINCTH OS STATIN b. COUNTY  Have a state and only in measure I miv.  Washington County Hospital  I. 2 years  Washington County Hospital  Namele  DATE OBATH  Washington  DATE OBATH  Namele  Washington County Hospital  Namele  Washington County Hospital  Namele  DATE OBATH  Washington  DATE OBATH  Namele  DATE OBATH  Namele  Washington  Namele  DATE OBATH  Namele  DATE OBATH  Namele  Washington  Namele  DATE OBATH  Namele  DATE OBATH  Namele  DATE OBATH  Namele  Namele  Namele  DATE OBATH  Namele  Namele  Namele  DATE OBATH  Namele  Namele  Namele  Namele  DATE OBATH  Namele  Namele  Namele  Namele  Namele  DATE OBATH  Namele  Name



MARYLAND STATE DEPARTMENT OF HEALTH

b. COUNTYWashington e. IS RESIDENCE ON A FARM? YES NO X Day Year 19 62 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12 CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO IN

(County)

(Stote)

(Stote)



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS AND RECORDS AND RESEARCH AND RECORDS AND RECO

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decassed I ved, if institution, Residence before edm ssion)			
Washington Maryland	* STATE Maryland b. COUNTY Washington			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	c. CITY OR TOWN ( fouts de corporata limits, writa RURAL and giva naerest town)			
Hagerstown 48 years	Hagerstown			
d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address	d. STREET ADDRESS  ON A FARM?			
_ 1154 Hamilton Blvd.	1154 Hamilton Blvd.   YES   NO			
3. NAME OF Frst Middle DECEASED	oF Month Day Year			
	iedell DEATH January 15 19 62			
THE TEN MAKED	B. DATE OF BIRTH  19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS    Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS)   Age (In years IF UNDER 24 HRS)   Age			
	ov. 14, 1886   75 yrs.			
dona during most of working ife, even if ref red)	RY 11 BIRTHPLACE (County & Stete, or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
Engineer Railroad	Near Bassett, Va.			
	14 MOTHER'S MAIDEN NAME			
William A. Friedell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO., 17.	Nancy Davis			
(Yas, no, or unkown) (Ifyesgivewerordalasofservice)	ė.			
18. CAUSE OF DEATH (Enter only one ceuse per line to: (a), (b), and (c)	illiam A. Friedell Hag. Md.			
PART I. DEATH WAS CAUSED BY:	// // // housest and pratts			
MMEDIATE CAUSE (a).	androis surfacetion 30 min			
DUE TO	D. A. Carling De 1.0.			
Conditions, if any, which (b) (b) gave risa to immediate cause	entitle to the or 104, years,			
(e), stelling the underlying DUE TO	<b>V</b>			
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
ATIC	PERFORMED? YES NO VYY			
	D (Enter nature of injury in Part I or Part II of Itam 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)			
Hour e.m. While Not While start of work p.m. 19 et work at work	cory, sireer, onice blogs, erc.)			
21. I certify that (I) (this hospital) attended the deceased from	21 MAY 1958, to 15 JAN. 19 62, that (I) (*X) last			
	t south occured \$1,30k, from the causes and on the date stated above.			
22a SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED			
Killer Loman	PHYS. XXX DIRECTOR PHYS. 17 JAN. 1962			
122 NAME (Type) Page T Page T	22d. ADDRESS			
RICHARD T. BINFORD, M. D.	1135 POTOMAC AVE., HAGERSTOWN, MD.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify)				
	Mem Gardens Hagerstown, Md.			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN				
Scott F. Minnich & Son Hagerstown	, Md. DATE 18 62 arthur & King			

Burgerand Ender School

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NO

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(Stata)

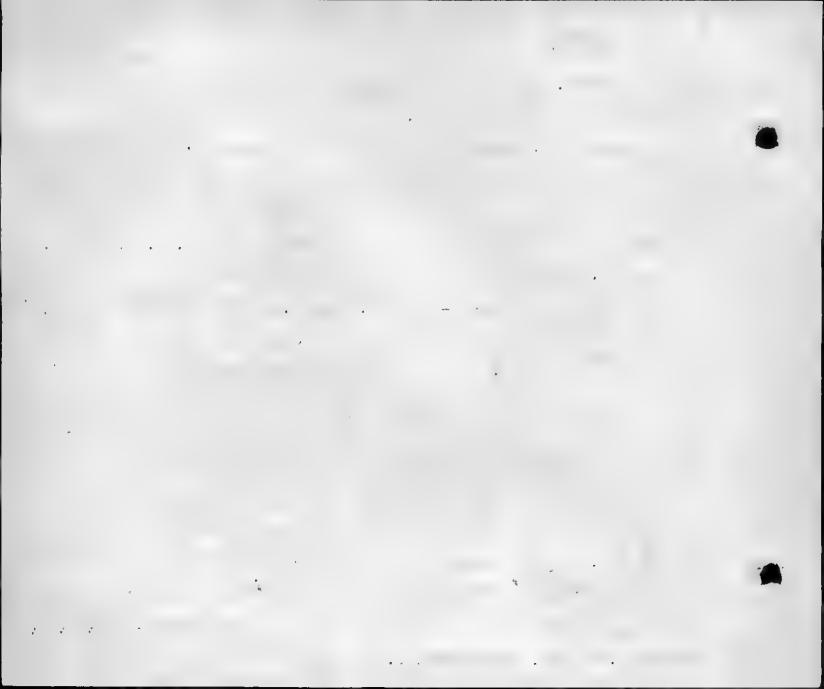
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
01214	CH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	01199
LECT OF BERTH	II a trotter protector	C Olifhan dangered lived It last tution. Peridence below and

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1,	PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion)  e. STATE  b. COUNTY			
	Washington MARYLAND	. STATE Maryland Washington			
	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town)			
	Hagerstown 1 wk.	Hagerstown			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d STREET ADDRESS  6. IS RES DENCE On A FARM			
	Washington Co. Hospital	343 Central Ave. YES NO ET:			
ã.	NAME OF f.rst M ddle DECEASED	Last 4. DATE Month Dey .			
	(Type or print) MARTIN EUGENE GEARHART	DEATH January 1 1962			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR.ED B	DATE OF BRITH 9. AGE (n yeers IFUNDER 1 YEAR, FUNDER 24 HRS.			
		June 18,1891. Peys Hours M. n.			
15	De. USUAL OCCUPATION G ve kind of work 10b. KIND OF BUS NESS OR INDUSTRI one during most of working life, even if refired)	RY 11 8 RTHPLACE County & State, or fore gn country) 12 C.TIZEN OF WHAT COUNTRY?			
1	PH 100	near Hagerstown Wash Co. Ld. USA.			
13	FATHER'S NAME	lear Hagerstown, Wash. Collid. USA			
	James M. Gearhart	Mary Jane Rowland			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18s, no, or unknown)   (Ifyes give were released service)	INFORMANT Address			
l'.		Hagerstown, Maryland.  Agnes H. Gearhart, 343 Central Ave.			
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonat	Embolus 4 hr.			
L	DUE TO				
	Conditions, fony, which ] [b] Abdominal	Cercinometosis. 4 mo.			
	geve rise to immediate cause (a), stating the underlying DUE TO				
	couse last. (c) Carcine ind	of Cecum.			
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
CERTIFICATION		YES NO			
RTIFIC	200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	). (Enter neture of injury in Pert 8 or Pert II of Item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e m. While Not While fac	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)			
MED	Hour em. White Not White 180 p.m. 19 et work et work				
L	21. I certify that (I) (this hospital) attended the deceased from.	De C. 2/ 196/, to 12 v-/st , 19(2, that (1) (we) last			
L		death occured at !! R.M. from the causes and on the date stated above.			
L	22e. STONATURE	ATTENDING MED. STAFF 22b. DATE SIGNED			
L	Cal a Hollman	DIRECTOR PHYS.			
ı	22c. PHYSIQIAN S NAME (Type)	22d. ADDRESS			
	- Lloyd A. Hollman	214 M. Potomac of Hejerstown Ind.			
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count)					
	Burial 1/4/61 Dunkard Cer				
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAN 256, REGISTRAN'S SIGNATURE			
1	Andrew K. Coffman, Hagerstown, Md.	DATE JAN 8 '62 Cirilmon S. France			
_					



# FOR STATE HEALTH DEP TO UPPUTY EEDITAL EXAMINER. This mertificate should be executed within 24 hours after death. If any delay is necessary, please executions the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnishment of should be should be formarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. THE FUNERAL DIRECTOR Page 1 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 thours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DADAR MEDICAL FYAMINED'S CEPTIFICATE OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-		AMMINER D GERTIIIGA	THE OF BEATH	01620	
۱.	1. PLACE OF DEATH	2. USUAL RESIDE	NCE (Where deceased lived, If institution, R	Rasidentes before admission)	
	Washington	MARYLAND 6. STATE Ma	ryland b. COUNTY Wa	shington	
		LENGTH OF STAY IN 16 E. CITY OR TOWN	N (If outsida corporata I m ts, writa RURAL and	d giva nearast town)	
ıΝ	write RURAL and give nearest town) Rural Hagerstown	37 years Rura	1 Hagerstown		
1/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, s			1 a. IS RESIDENCE	
			ssner Ave. Ext.	ON A FARM?	
	3. NAME OF First	M. ddla Last	4. DATE Month	Day Yaar	
	(Typa or print) Charles Irvin	Gossard	DEATH January	12 19 62	
	5. SEX 6. COLOR OR RACE 7. MARRIED 2		19. AGE (In years IF UNDER 1		
	Male White WIDOWED		885 76 yrs. Months	Days Hours Min.	
Γ)	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OI	F BUSINESS OR INDUSTRY   11. BIRTHPLACE (SIE		ZEN OF WHAT COUNTRY?	
ン	dona during most of working life, even if rehred) Brakeman Railr	road Blue Rid	ge Summit, Pa.	U. S. A.	
	13. FATHER'S NAME	14. MOTHER'S MAIDI	0	0. D. A.	
	John W. Gossard		usan L. Luckett		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIA	AL SECURITY NO. 17. INFORMANT	Address	•	
	(Yas, no, or unkown) (Hyesgivawarordalasofservica) 716-0	9-9400 Mrs. Lucy B	. Gossard Hage	rstown, Md	
	18. CAUSE OF DEATH (Enter only one cause per line for	was a se se	7	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY,	1: 1/2-1	7 ^	ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	wecoming	ruen	- Jung	
	DUE TO	1	$^{\prime}$	401	
	Conditions, if any, which	Certenia cela	in seven	101	
	gave rise to immediate cause (a), stating the underlying OUE TO				
	couse last.				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BU	TING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PART		
	ATIO			PERFORMED?	
	208. EXTERNAL CAUSE WAS 206. DESCRIBE HO	OW INTURY OCCURED (Fertar nature of insury in	Part I or Part II of stam 18 \	I II II NO E	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III.)  PART II. OTHER SIGNIFICANT CONDITIONS  PRIMARY  20b. EXTERNAL CAUSE WAS  PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIB					
	0	Y OCCURRED   20s. PLACE OF INJURY (Home, fill factory, street, office bldg., c		nty) (Stata)	
	p.m. 19 at work	at work			
	21. I certify that I took charge of the remains	described above, held an Autopsy,	Inspection Inquiry	and in my opinion	
	death resulted from Natural causes	ccident , Suicide , Homicid	te . Undetermined manner		
	150	CHIEF MEDICA	AL EXAMINER		
	ACTUAL	ASSISTANT M	MEDICAL EXAMINER 7	DATE SIGNED	
	SIGNATURE // C	M.D.	CAL EXAMINER	1	
M.	NAME (Typa) / TO FIN 77.7	- //->/	62-		
. X a.	228, BURIAL, CRIMATION 28. DATE THEREOF 22c.	NAME OF CAMETERY OR CREMATORY	22d. LOCATION (City, town, or country)	(State)	
	REMOVAL (Specify)	ter Hoff Chapel Ce			
	Burtal	-	m. Near Chambers  REC'D BY REGISTRAR'S SIG	Q /.	
Scott F. Minnich & Son Hagerstown, Md part 1 6'62 Outling & Trans					



1			MARYLAND STATE DEPARTMENT OF HEALTH	
1		1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH	
늘 달		$l_{-}$	01216	
s after funeral should	Vi		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss. COUNTY  5. STATE  6. COUNTY	sion)
the 12 arth.		1_	Washington Maryland Md. Washi	ng
by deed			write RURAL end give nearest town)	
lin des 1		-	Rural Smithsburg Life Rural Smithsburg  1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  2. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  3. STREET ADDRESS  4. STREET ADDRESS	NCE
with source	X		ON A FA	-
etely sers. 2 hc		3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF	2
mply par			(Type or print) Lela E. Guessford DEATH Jan. 5 1962	
d co		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B RTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 F	HRS.
n an s car ant,		20-	Female   White   widowed   DIVORCED   Aug. 12, 1906   55 yrs	
fificat sician move / eve		do	e during most of working life, even if relized)	AIKIE
phy e re	a	13.	Housewife Washington Co., Md. U.S.A.  FATHER'S NAME U.S.A.	
leath ding sleas	1	V	Harvey Sanders Annie Tracey	
then then then then then then then then		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (1, no, or unknown)   [[Ifyesgivewarordatesofservice]]	_
t tart the a		-	No Mr. John H. Guessford Smithsburg #2. Md.	. =
cian cian by 1			18. CRUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH	Н
hysi ned it pe			immediate cause (a) Cononony Onol union	N
w mark			Conditions, if any, which \ (b)	
endi endi beer rial-			gave rise to immadiate cause  [a], stating the underlying  DUE TO	
r att has bas e bu			cause last. [c]	
IAN Ialo cafe is th		NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE) 19. WAS AUTO PERFORMENT OF THE PERFORMENT OF T	
SIC ospi ospi ertifi use	0	FICA	YES NO  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of Item 18.)	╝.
he h		CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the		CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, form, 20f. (City or town) (County)	o)
Aff Aff Jetac		MEDICAL	Hour s.m. While Not While factory, street, office bldg., etc.] p.m. 19 et work at work	
Pe Control			21. I certify that (I) (this-hespital) attended the deceased from	last
BECT Be			saw the deceased alive on. 122,	
O P P P P P P P P P P P P P P P P P P P				GNED
A to the state of			22e. PHYSICIAN'S 22d. ADDRESS	
NE. P	- 1		NAME (Typa) CT D. T. D. D. Smithsburg, Mcl.	
HOSPI ath. Pe FUNE: ector, p		23	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
E # C # Z	0		Burial 1/8/62 Stouffer's Mennonite Washington Co., Md.	
VR A15 (4) 15M 9/60	the	24	ADDRESS   25%, REC'D BY REGISTRAR   25%, REGISTRAR'S SIGNATURE   DATE   40 162   Cuthur F	
ioni ylad	131.		Willer 4 / Hell Waynesboro, Pa.  DATE JAN 9 62   Cithur & Kreen	

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## AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COLINTY Washington MARYLAND Marvland Washington b. CITY OR TOWN ( f outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) aŭ a write RURAL and give nearest town) Hagerstown C \*\*\* Hagerstown d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) , d. STREET ADDRESS 424 Brewer Ave Brewer Ave NAME OF 4. DATE Middle DECEASED OF DEATHJanuary (Type or print) HANN FRANKI.IN 5. SEX AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIET TO NEVER MARRIED B. DATE OF BIRTH 32 Months | Devs DIVORCED | July Male White WIDOWED [ 6 1929 106, KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State Programme physician 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown Washington Pangborn Corp. Laboratory 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME attending Nellie Kidwell ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY 8 (Yes, no. or unxown) (Ityesgive war or detes of sarv central 2 2 2 4 5 4 7 8 17. INFORMANT Hann 424 Brewer Ave Rosalie K. Korean Conflict Hagerstown Md. IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] IMMEDIATE CAUSE (a) DUE TO rotable Assureyon of Cercle of Willia gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY certificate 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I) of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from 2/ 1967, to 777, 1967, to 777, 1967, that (I) (we) last saw the deceased alive on Una 2 1 22e. SIGNATURE **ATTENDING** DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 145 W. Washington St. NAME (Type) FUNE L. L. Packer. Hagerstown, Maryland

A P VR A15 (4) c 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify)

Burtal

Rest Haven Cemeterv

23c. NAME OF CEMETERY OR CREMATORY

25e. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Hagerstown Wash

(County)

a, IS RESIDENCE

19 62

Hours

ONSET AND DEATH

PERFORMED? NO 🗷

(State)

22b. DATE

SIGNED

USA

ON A FARM? YES NO XXX

Andrew K. Coffman Hagerstown Md.

DATE AN 2 6 '62

Cirthur & Kraya



LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND c LENGTH OF STAY N 16 CERSTOWN ON UILLE e. IS RESISTINCE d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) ON A FARM? YES NO completely Year 3. NAME OF 4. DATE DECEASED DEATH (Type or print) 19 6 . AGE (In years FUNDER 1 YEAR) carbon E UNDER 24 HRS. RACE 17. MARRIED 8. DATE OF BOTH NEVER MARRIED pue last birthday) Hours WIDOWED 10a. USUAL OCCUPATION Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LUARREN CO, UA, LABOREA 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMAL (Yes, no, or unkown) (Ifyesg'vewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per 1 perfor (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (e), steting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IL. 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert If of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour am. While et work at work attended the deceased from 1962, that (I) (we) last 2 c 1962, and that death occurred at 1963, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from: saw the deceased alive 22b, DATE 22a. SIGNATURE SIGNED ATTENDING. MED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GNAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE VR A15 (4) MHA HAGEASTOWN, MD. 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. COUNTY STATE b. COUNTY Washington MARYLAND Maryland ™ashington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN ( f outside corporete lim ts, write RJRAL and give nearest town) write RURAL and give nagrest town) Hagerstown d. STREET ADDRESS MOS d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) m. IS RESIDENCE ON A FARM? YES NO 631 George St 631 George NAME OF First Midd & DECEASED OF (Type or print) DEATH 1962 ADALINE January AGE (In years 6. COLOR OR RACE 7, MARRIED T NEVER MARRIED B. DATE OF BIRTH and lest birthday) Months | Days WIDOWED T DIVORCED [ Female physician 10e. JSUAL OCCUPATION IGTVe kind of work 106, KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) USA Housewife Lewistown Fred Con Md Own Home 13. FATHER'S NAME JMOTHER'S MAIDEN NAME please .5 attending and James R. Plunkert Adaline Hamilton Then 15. WAS DECFASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT loval, (Yes, no, or unkown) | (If yes give were rdates of service) Mrs Faybelle Gerberich 901 Summit No Unable to Φ IB. CAUSE OF DEATH (Enter only one cause pel 10 0Hat 8 , and (c). INTERVAL BETWEEN Hagerstown Md. ONSET AND DEATH IMMEDIATE CAUSE (a) 10 miles DUE TO geve rise to immediate causa DUE TO (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/A) WAS AUTOPSY PERFORMED? NO de 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stele) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work may be retained DIRECTOR: / at work 1962 that (I) (we) last 9 21. I certify that (I) (this hospital) attended the deceased from ... 1.7.5 should 22a JUGNATURE DATE SIGNED ATTENDING 3.353 3C DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) ÷₽ 28 OF. Buria Rose Hil Cemetery Hagerstown 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Andrew K. Coffman Hagerstown Md. Cirimos S. Tiraus 15M 9/60 DATE FER 2



within

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH director. Properties. 2. USUAL RESIDENCE (Where deceased lived, If institut on, Residence before admission) b. county washington a. COUNTY Washington
b. CHW OR TOWN (if outside corporate limits, Maryland MARYLAND E LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate lim is, write RURAL and give nearest lown; write RURAL and give nearest town! 50yrs. Hagerstown Maryland Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? W. Church Street 135 W. Church YES NO IX 3. NAME OF Midd e DECEASED (Type or print) Anna Maria Hopewell DEATH Jan 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years | IF UNDER 1 YEAR , IF UNDER 24 HRS. 62 yrs Months | Days Hours Female 8 WIDOWED ( DIVORCED [ May 10a. USJAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Private family Domestic Petersville Md. USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Hopewell Sara h Brooks 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 258 Agras Church (Yas, no, or unkown) , (Ifyasgivawarordalesofservice) Thomas Hopewell Orrville, Ohio no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediata causa **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTORSY CERTIFICATION PERFORMED? the certificate, writing the word warded to the Chief Medical E DIRECTOR Page 3 shauld be agent, prior to burial, cremat NO X 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Rem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) factory, streat, offica bldg., atc.) Hour a.m. Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry and in my opinion death resulted from: Natural causes X . Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should FUNERAL SIGNATURE Act. DEPUTY MEDICAL EXAMINER X EXAMINER'S Edward W. Ditto III. M. DEPU NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Rose Hill Cemetery Burial Jan 26 Harers town Md.

24a REC'D 8 REGISTRAR 218. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE JAN 3 0 162 Curiner S. Firema



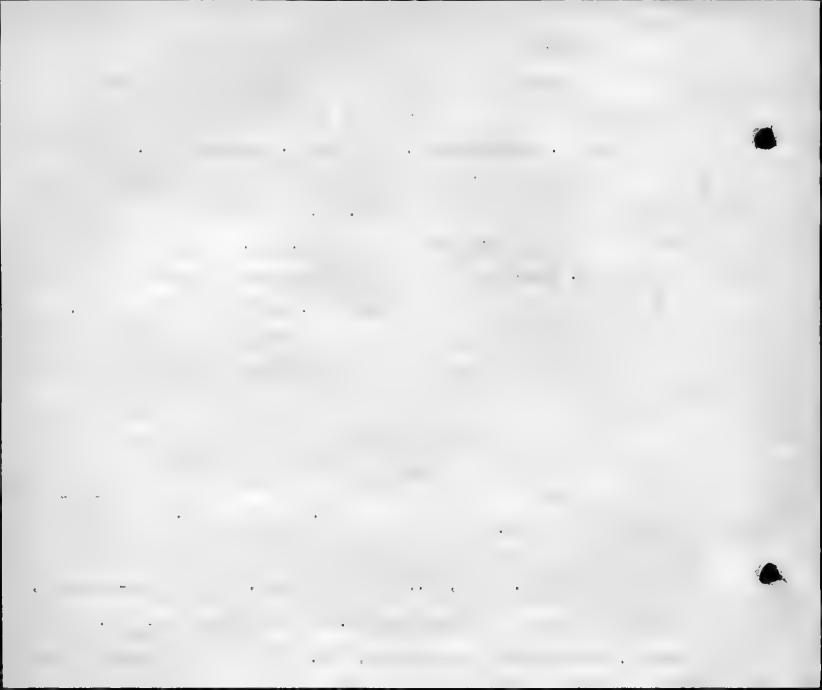
funeral C carbon pue physician геттоме Signed рееп certificate has but use as the but prior to burial, has Affer CION: DIRE J HOSPI death. TO FUNE VR A15 (4) 15M 9/60 (S

.B. (4)



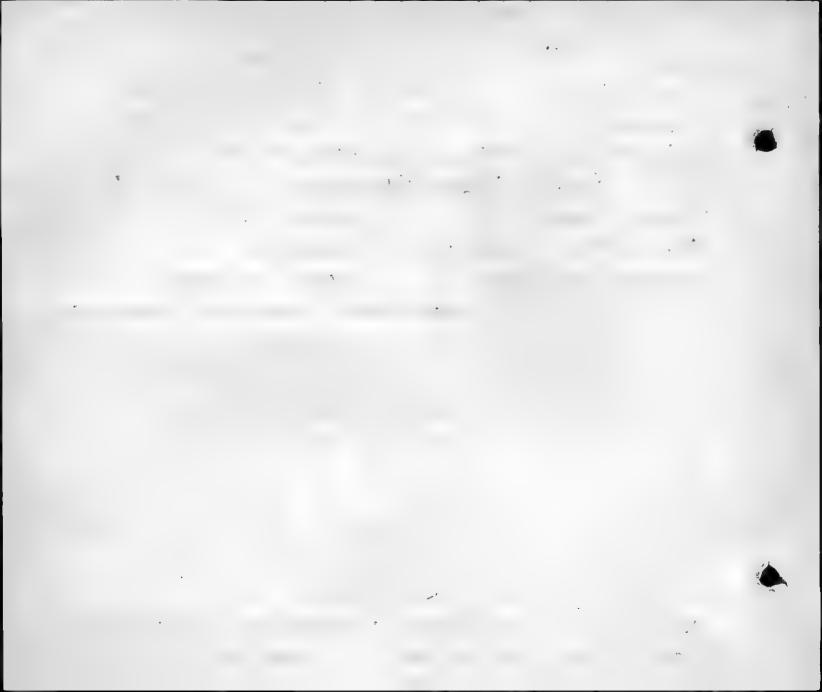
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The L	bee kurial I, cre	
2 0	UNESTORE DIRECTOR. After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papered with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	
CIA	ficat as to	Ĺ
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SPIT	A P P	Î
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be retained by the hospital or attending physician.	FU recto	
OF	TOTUE DIRECTOR: After this certificate has been signed by the attending physician and completely in by the fun director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers is 1 and 2 shows be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	0
1	x A15 (4) 5M 9/60	M

	AND STATE DEF			
DIVISION OF STATISTICAL RESEAR			STREET, BALTIMORI	1, MARYLAND
01223	CERTIFICATE	OF DEATH		01978
1. PLACE OF DEATH a. COUNTY				stitution: Residence before admission)
Washington	MARYLAND	a. STATE Marv	land b. COUNTY	Washington
b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)	c LENGTH OF STAY IN 16		f outsida corporata lim ts, write f	
Hagerstown	45 years	2 Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d STREET ADDRESS	<u> </u>	a. IS RESIDENCE
164 W. Washing	gton St.	164 W.	Washington S	ON A FARM?
3. NAME OF Fish	Middle	Last	4. DATE Month	Day Year
DECEASED (Typa or print) Zula May Hi	111		OF DEATH TO NIO	12 1962
5. SEX 6 COLOR OR RACE 7. MARRIED		DATE OF BIRTH	19. AGE (In years   II	y 12 1962 UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED		h 29 100	(ast birthday)	Nonths Days Hours Mn.
10a. USUAL OCCUPATION (G ve kind of work   10b. KIN	D OF BUSINESS OR INDUSTRY	b. 28, 190	ty 8 State or foreign country)	1 12, CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratired)		- II. BIRTIFERGE (COURT		TE, GITTER OF WITH COURTER
House Wife Own	1 Home	Luray,	Va.	
Charles W. Jenkens		Eliza		<u>t</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yas, no, or unkown) , (Ifyasgivawarordatasofsarvica)	OCIAL SECURITY NO 17. II	NFORMANT	Ad dress	
No		rles S. Hu	11 Hagerst	own, <u>Nd.</u> ,
18. CAUSE OF DEATH [Entar only one causa per in				INTERVAL BETWEEN ONSET AND/DEATH
PART I. DEATH WAS CAUSED BY:	pulmon.	ary lell	ma	- 1 hr
DUE TO	/	/	/ /-	P
Conditions, if any, which (b)	Chronic	congesto	we seart of	relieve years
gava risa to immadiata cause (a), stating the undarlying  DUE TO		1		
causa last.			/	0
	RIBUTING TO DEATH BUT NO	FRELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	abeta M	elletus		PERFORMED?
E 208. ACCIDENT WAS UNDERLYING 206 DESC	RIBE HOW INJURY OCCURED.	(Entar natura of injury in I	Part I or Part II of Item 18.)	
OR CONTRIBUTING [] CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	70.000			
20c. TIME OF INJURY Month, Day, Yaar , 20d. IN	JURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm	20f. [City or town]	(County) (Stata)
Hour a.m. Rone While	Not While facto	ry, streat, offica bldg., atc.		
	at work		C1 T 3.6	17.66
21. I certify that (.) (this hospital) attend				
saw the deceased alive on Jan. 12	219 .04, and that	death occured att.		
22a SIGNATURE	· ( )	ATTENDING A	AED STAFF	22b, DATE SIGNED
22c, PHYSICIAN'S	erch Fr. w	D PHYS. Z D	RECTOR PHYS.	1-13-62
NAME (Type) Harold R. Tri	tch. Jr., MD		N. Potomec Str	eet-Hagerstown, Md
PEMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town	***
Burial 1-16-62 (			s Hagerstown	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
Scott F. Minnich & Son	Hagerstown	Md DATEJA	N 16'62 Circ	Lun S. Thomas



CERTIFICATE OF DEATH 01224 funeral I. PLACE OF DEATH USUAL RESIDENCE (Where decassed lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, by the and 2 MARYLAND c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 Š write RURAL and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) RURAL \_= ONE HOUR a. IS RESIDENCE ON A FARM? NAME OF DECEASED HOSPITAL DONSBORD OF DEATH (Typa or print) COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years physician and last birthday) Months Days Hours WIDOWED DIVORCED ym. 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) HOUSE WIFE MT. LAKE OWN HOME LIS .A. piease attending CHARLES V. HARV V. HARVEY Then 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yas giva war or datas of servica) MBERTSON BOONSBORD MD. R. 2.
INTERVAL BETWEEN
ONSET AND DEATH
371-22-9553 par line for (a), (b), and (c).) signed by the 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which After this certificate has been (b) gave rise to immadiata cause DUE TO (e), stating the underlying causa last. detached for use as the t. of Health prior to buri PART II. OTHER S GNIFICANT CONDITIONS CONTRIB DISTASE CONDITION GIVEN IN PART I(a) CERTIFICATION PERFORMED? 20a, ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) While Not While Hour e.m. at work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 14 500, to July 19.50, to 19.50, that (I) (we) last 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, pa NAME (Type) Co udazi 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION | 23b. DATE THEREOF MOVAL (Specify) CEDAR HULL CREMITTORY 4000 SUITAND KOLSUITAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A1S (4) DOONSBORD MD. City of S. France

STREET, BALTIMORE 1, MARYLAND



ESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN IS RESIDENCE ON A FARM? completely NAME OF DECEASED (Type or print) DEATH 1962 carbon IF UNDER 24 HRS. O.F ARE (In years IF UNDER I YEAR DA . MARRIED 🏗 NEVER MARR ED and 3 last birthdey) Months Hours WIDOWED 10h, KIND OF 12 CITIZEN OF WHAT COUNTRY? 18. CAUSE OF DEATH lEnter only one cause IMMEDIATE CAUSE (e) DUE TO geva risa to immediale cause DUE TO (a), sletting the underlying has ceuse lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED (Enter palura of injury in Pert I or Pert I of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from and that death occured at 251M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b DATE ATTENDING MED STAFE SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS FUNEL ector, pa 23a. CREMATION, 23b. (State) (Specify) の音器 25a, REC'D BY REGISTRAR 24 ELINERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S VR A15 (4) 15M 9/60 DATE



VR A15 (4) 15M 9/59

<b>MARYLAND</b>	STATE	DEP	ARTMEN	T	OF	HE/	ΔL	TI	H
	DECEA DOLL	2.010	BEARBOA	B -		- 2-		0.0	A .

01211

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01225

	PLACE OF DEATH D. COUNTY	M- also some		MARYI	AND	2. USUAL RESID	ence (Whe		l tived If institu 6. COUNT	Y -			)
_	b. CITY OR TOWN (IF	Washingto		c LENGTH OF STAY							ederic	W	
1	RURAL and give nec	irest tawn)	is, write		IN ID			,	rate limits, write	KUKAL ana (	give neore	sr rawn)	
	Hagers			2 weeks			sburg			151	× ,×		20.000
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g	ive street	address)		d. STREET AC						IS RESIDE	ARM?
_	173	4 Howell Re	i.			Box	307					CES   N	10 Ϊ
- 1	NAME OF DECEASED	Fir		Middle		Last		4. DATE OF DEATH	Mo	anth	Day	Yes	or
	(Type or print)	Buel	ah	Mae		Keilholt		DEATH		1-24-6		19	
S. S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		8. DATE OF BIRTH	ì		9 AGE (In year last birthday)	Months		UNDER :	Min.
	female	white	WIDOWI	ED DIVORCED		1#29 1-2	7-189	8	63 yrs		27	nours	Artin.
10a	. USUAL OCCUPAT Of	N (Give kind af wark i ng life, even if retired)	dane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPL	ACE (State o	or fareign co	untry)	12. CITI	ZEN OF W	/HAT COL	JNTRY?
	House wi			own home	9	F	reder	ick Co	unty		U. S	. A.	
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME	_				
1	William H.	Long				Sarah	E. F	isher					
_	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Ad	Idress			
(Yes	no, or unknown) (5	f yes, give war or dates of s		14-34-9397		John W. G	. Kei	lhol to	173/ 1	[ Kawa	Rd.	Ha ma	at.
_		H. [Enter only one co		far (a), (b), and (c).]	-	OUTER HE C	10.1.	71107 05	1) <u>+1/7 +</u>	TOHOME		AL BETW	
	PART I. DEAT	H WAS CAUSED BY:	/	0	- 4 -	5 6-	low					AND D	
	153	MMEDIATE CAUSE (a		ser cui on	, ,,,,	y Co-					111	ry	12-
	1 2 3	DUE TO											
	Conditions, if an gave rise to im		)	· · · · · · · · · · · · · · · · · · ·							-		
	cause (a), stating t												
7	lying cause last.	) (c	<u> </u>										
0	PART II. OTHI	R SIGNIFICANT CON	DIFIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(a) 19.	WAS AJ PERFORA	TOPSY AEQ?
2		N	whe	ti, mully	rea						1	ES 🔲 1	10 X
CERTIF CATION	20d ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINERS	20b. DES	CRISE HOW INJURY OF	CURRE	). (Enter nature of	injury in P	art I ar Pari	t II of item 18.)				
	20c. TIME OF INJURY	- 1	ze 20d II	NJURY OCCURRED	20a Pl	ACE OF INJURY (H	dome form	206 ICity	or town)	1/	Caunty)	<u> </u>	(State)
MEDICAL	Hour a m.		While	Nat while	fac	tary, street, affice	bldg., etc.)	) [	di idwii)	',	-comy;		(aidis)
Σ	p. m.	19	at war	k at wark		-/		<u> </u>	/				
	21 I certify that	(I) (this haspital	) a)tend	led the deceased	fram	1/23	19.	- Ta_	1/24	196	7 That	(I) (we	e) last
	saw the decease	ed alive on	1/2	419.6.2 and	that d	eath accurred	at 5	M, from	the causes o	ind an the	e date s	tated a	bave.
	220 SIGNATURE		,				7					22b. [	
	- face	Harren	n m	45		M.D. PHYS	ME DIR	ECTOR .	STAFF PHYS			1-24-	62
	22c PHYS <sup>T</sup> CIAN S NAME (Type)	,,				22d ADDRE	\$5						
	Paul	Harrison,	M. D	•		318 N.	Poto	mac_St	Hage:	rstown,	_Md.		
<b>2</b> 3o	BURIAL, CREMAT OF	I, 23b. DATE THEREC	F	23c NAME OF CEME	TERY O	R CREMATORY		23d LOCAT	TION (City, town	, ar county)		(State)	
	REMOVAL (Specify)	Jan. 27, 19	62_	Creagerst	cown	Cemeter	7	Creas	erstow	Frede	rick	Co.	Md
24.	FUNERAL DIRECTOR'S	GIGNATURE A		ADDRESS			25g REC'D	REGIST	RAS2 256 REC	SISTRAN'S AIG	MATURE	us)	
	6.00	· Wille	m	Emmitsbur	g, I	Md.	DATE	MATERIAL PRINCES					
-	C. E. Wil	son	/								•		



VR A15 (4) 1SM 9/59 í

MARYLAND	STATE D	EPARTMI	NT OF H	EALTH
ON OF STATISTICAL	RESEARCH A	ND RECORDS	- BALTIMOR	RE 1, MARYLAND
OFI	STIFLE	TE OF D	CATLL	

DIVISI

	01227		CERTIFICA	ATE OF DEATH		(1)	212
1. PLACE OF DEA	тн			2 USUAL RESIDENCE (W			before admission)
a. COUNT	Washington		MARYLAND	Maryle Maryle		COUNTY Wash	ington
b CITY OR TO	WN (If outside carporate lin	mits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limit		
KUKAL ONG	dagerstown		Lite	13 Hager	stown		
d. NAME OF I	OSPITAL (If not in hospital,			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
OK INSTITU	Woshingto	on Cour	ity Hospital	442 Gi	ilford Ave		YES NO
3. NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Doug		Lynn	Keplinger	OF DEATH	Jan.	10 19 62
S. SEX			D NEVER MARRIED 🛣	B DATE OF BIRTH	9. AGE (	In years   IF UNDER I	YEAR IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED [	Jan. 7, 1962		yrs.	pays Hours Min.
10a. USUAL OCC	JPATION (Give kind of work if working life, even if retire	k dane 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZ	EN OF WHAT COUNTRY?
	nfant	,01	Noise	Hagerstown	2. Md	U	SA
13. FATHER'S NA	NE NE			dagerstown	NAME		
	James Fo	msler		Alice	Keplinger	r.	
	DEVER IN U. S ARMED FO		OCIAL SECURITY NO. 17.	INFORMANT	A STATE OF THE STA		erstoin.Md.
(Yes no or unknown,	[If yes, give wor or dates al	f sarvice)	None 17	and L. 1 2p line	22 442 GV	ulford Ave	2.
	F DEATH [Enter only one		for (a) (b), and (c).]	. /	2		INTERVAL BETWEEN
PART	DEATH WAS CAUSED BY:	(a) C	lanua	Tran In	rlur	4	Chon
11 7	7 LA X DUET		0	10			11/11
Condition	, if ony, which )	13 (Y)	remater	rit			AU LO 18
gove rise	to immediate DUET	0		j			
lying couse		(c)					
Z PART	OTHER SIGNIFICANT CO	NDITIONS CO	INTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS ALTOPSY
ĬĔ.							PERFORMED?
VOLVEY OR CONTRIBUTION OF CONT	NT WAS UNDERLYING	206 DESCR	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of ite	m 1B.)	
OR CONTRIB	NT WAS UNDERLYING A JTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	H] }					
ZOc. TIME OF	INJURY Manth, Day, Y	ear 20d INJ	URY OCCURRED 20e	PLACE OF INJURY (Home, for	n, 20f. (City or tawn)	[Co	ounty) (State)
20c. TIME OF Haur	16	While of work	Nat while	factory street, office bldg., etc	)		
	р т			1 7	15 1	2/	5.4
	y that (1) (this haspite	-		197.4	7. /	1 ' "	_,74hat (I) (we) last
		m_10	195 7 and that	death accurred at 25	M, from the ca	uses and an the	date stated above.
220 SIGNAT	JA JA	1.	(/	ATTENDING N	ED STAFF		226 DATE SIGNED
22c. PHYSICI	12 min	- /C.E.	7	M D. PHYS. 22d ADDRESS	IED. STAFF		1/19/62
NAME (	ype} o o o		in a			1.	41.5
	L.L.Pack		77.0.	1145 W. Wash	vinston St.	Yagerstown	1, Cld.
23a BUR.AL, CRE REMOVAL (5	MATION 23b, DATE THERE	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cit	y, town, or county)	(State)
Buri	al 1/10/6	2	Rest Have	n Cereteru	Hagers	tour	Md
	CTOR'S SIGNATURE	01	ADDRESS		D BY REGISTRAR	Sh REGISTRAR'S SIG	NATURE
Kest /	laven Guneral	Chape	l Hagersto	own, Md. DATAN	1 2 '62	i . 18. th	Alue
/	The U.	Non	00	1151			



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. COUNTY b. COUNTY Washington rederick MARYLAND b. CITY OR TOWN (if putside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give negrest town) write RURAL and give nearest fown) Hagerstown days Smithsburg d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO Washington Co. Hospital Route 3. NAME OF M.ddle DATE DECEASED OF (Type or print) DEATH 1962 anklin January 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months Hours male WIDOWED | D. VORCED February 26,1909 52 10e. USUAL OCCUPATION Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired farmer Frederick Co. Md. U.S.A. own gen. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles M. Kline Rosa Schildknecht 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown) | [Ilyes give war or dates of service) Mrs. Rae Kline. Smithsburg. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) gove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? hronce Aleoholism YES 🔽 NO 🗔 20a. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) , 20e, PLACE OF INJURY (Home, farm, † 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work | et work p.m. 29 196 2that (I) (we) last (1) (this hospital) attended the deceased from... saw the deceased alive on. 1-28 19.6.2 and that death occurred at 22.4M, from the causes and on the date stated above 22b. DATE 22a. SIGNATURE SIGNED MED STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] Smithsburg Md. Charles F 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Steta) 238. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) å dig .1962 St. Mark's Lutheran Wolfsville, Fred. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS VR A15 (4) 15M 9/60 Cathur & How

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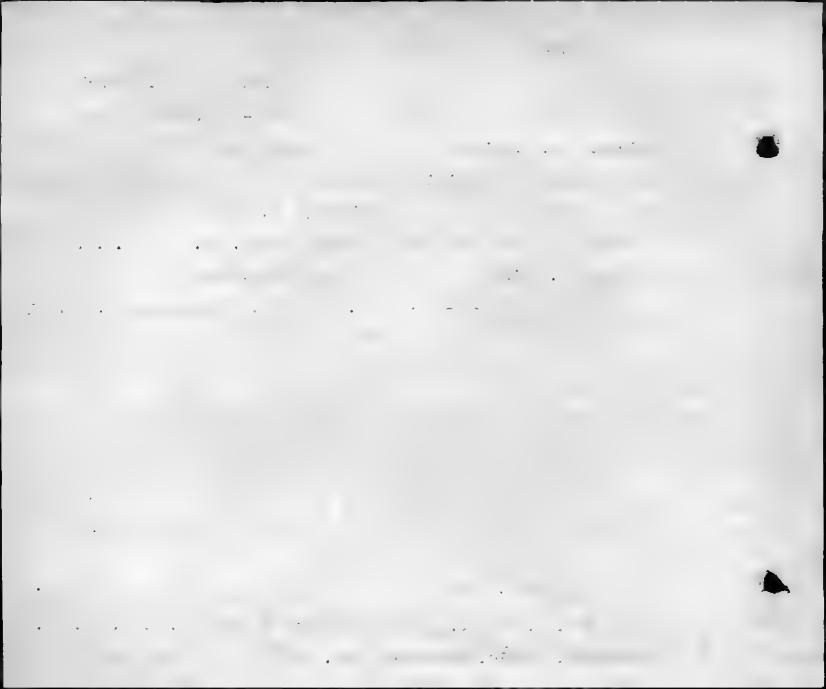
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YLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1, MAR	YLAND
	01229	CERTIFICATE	OF DEATH	. T	<u> </u>
NI)	1. PLACE OF DEATH a. COUNTY	2	USUAL RESIDENCE (Where dec	essed hived, if Institution: Residence	e before admission
~	b. CITY OR TOWN (if outside corporate limits,	MARYLAND LENGTH OF STAY IN 16	Maryland	Washi	
	write KUKAL end give neerest town) //	V	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give n	eerest lown)
(1)	d. NAME OF HOSPITAL OR INSTITUTION (if ab) in hospital	give street eddress)	O Hagerstown d. STREET ADDRESS		1 e. IS RESIDEN
	Washington County Hosp		116 Elm St.		ON A FAR
	J. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day	Year
	(Type or print) Alta	Jane	Knode DEATH	January 29	19 62
\	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8 C	PATE OF BIRTH 9.	AGE (In years IF UNDER I YEAR   Months   Days	IF UNDER 24 HR
/	Jenale White WIDOWED 100. USUAL OCCUPATION (GIVE kind of work 100. KIND	DIVORCED	June 28, 1887	74 yrs.	
	done during most al working life, even if retired)		11 BIRTHPLACE (County & State, or f		WHAT COUNT
ŀ	13. FATHER'S NAME	n Home	Grederick Co., Md. MOTHER'S MAIDEN NAME	USA	-
	Charles W. Haller				
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC (Yes, no. gr,unkown) (Ifyesgivewerordetesofservice)			ta Miss Address	
	No /	Vone Mr.H	.C.Knode 116 Elm &	t. Hagerstown, Md.	•
	18. CAUSE OF DEATH [Enter only one cause per I no f				ERVAL BETWEEN
- 1	IMMEDIATE CAUSE (e) Aden	ocarcinoma (	of Liver		onths_
	DUETO				
	Conditions, if eny, which (b)				_
	(e), stating the underlying DUE TO				
		UTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(e) 19	WAS AUTOPS
0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	one.		Y	ES NO
	OR CONTRIBUTING TI CAUSE OF DEATH	E HOW INJURY OCCURED (E	nter neture of injury in Pert I or Pert II	of item 18.)	
		DV OCCUPATE : DO DI 4 CT	OF IMPIRY OF A SAL OF		(5)
	Hour a.m. While	Not While fectory	OF INJURY (Home, tarm, 201. (City, street, office bldg., etc.)	or town) (County)	(State)
	21. I certify that (I) (this hospital) attended	at work	Dec. 26, 19.61 10	Jan 29 1062 11	-1 (1) () 1
	saw the deceased alive on Jan. 29	19 62 and that di	eath occured ofAM., from	the causes and on the da	iai (i) (we) i ta statad aho
	220. SIGNATURE				22b. DAII
	1000	Sell MO	PHYS. ATTENDING MED, DIRECTOR	PHYS.   Jan.	30,196
	22c PHYSICIAN'S NAME (Type) TO A DOTT BE	7	22d. ADDRESS	15 7	
9	R. A. Bell, M. 238 DATE THEREOF 238	10.7	Hagerstown,	Mary Land.	(54.4.1)
	REMOVAL (Specify) Survey  2/1/62	Rest Haven			(Stole)
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		<u>atown</u> AR 256 REGISTRAR'S SIGNATI	
X	Rest Haven Juneral Chapel	Hagerstown, M	d. DATE JAN 31	62 Century S. Mr.	alk#



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01230

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 11915

1. PLACE OF DEATH COUNTY WAS hing for MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE  D. COUNTY  L. O. S. K. In a. Kan
b CITY OR TOWN (If outside corporate limb, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Proutside corporate limits, write RURAL and give negrations)
RURAL and give nearest town)	V 8 0 CM
Hagerstown 2 WKs	Russ. (Navansvilla)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  Te AS RESIDENCE ON A FARM?
Washington Co. Hispital	YES NO Z
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
(Type or print)	Koons DEATH January 18 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   In years   Min.   Min
Malo III widowed Divorced	August 21 188 5 lost birthdoy) Wonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU	
during most of working life even if retired)	11110 111 (151
Carponter Building	Washington Co. 190 Cak
13. FATHER'S NAME()	14. MOTHER'S MAIDED NAME
Jamos Knous	Sarah Creager
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
(Yes no. or unknown) (If yes, give with or data of varives) 214-09-9335	Mr. Stern Kome Chamberling 19
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	DOUGH AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardine	and Done
DUE TO	1 0 0
Cardinan is any which	is achivers Cerew
Gove tiss to immediate	
couse (o), stoting the under-	TOUTH TOWN 3 M
lying couse lost (c).	has some to the second of the
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 "WAS AUTOPSY PERFORMED?
	YES NO 2
206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOLLARS OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	D. (Enter noture of injury in Port I or Port II of item 18 )
	ACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote)
Hour o. m. While Not while fo	clory, street, office bldg., etc.)
p. m. 19 of work at work	
21. I certify that I attended the deceased from	22, 19, to 15, 1962 that I last saw the decease
alive an /-/-6 19 , and that death	accurred at 1 14 M, from the causes and an the date stated above
1000	ADDRESS (Sireel, city or town, state) DATE SIGNE
SIGNATURE N. ZIU DOMO	40 V/4 111/00 PH 1/101
SIGNATURE	M.D.
NAME (Type) ADE WATTER	
220. BURIAL, CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY,O	R CREMATORY 22d LOCATION (City, town, or county) (Style)
REMOVAL (Specify) 1-21-1962 Blood ferd 11	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	26. REC'D. BY, REGISTRAR 246. REGISTRAN'S SIGNATURE CA
Starold in Sommeron Steerento	DATE JAN 2 2 102
	· · · · · · · · · · · · · · · · · · ·



MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18
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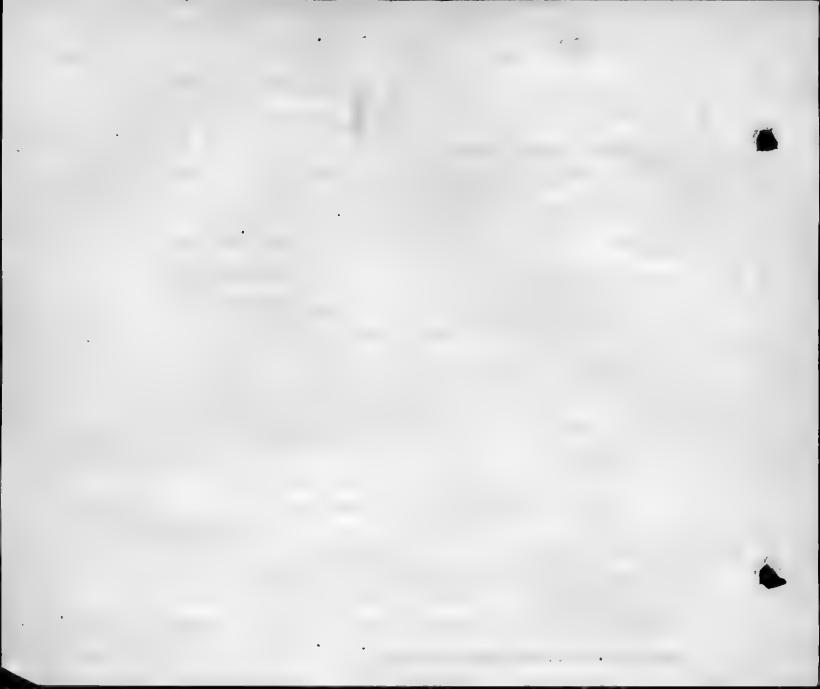
		01237	J	CERTIF	ICAT	E OF DEATH	1/21/16	52-m.1	Reg. Dist	. No.	12	16
	1. PLACE OF DEATH O. COUNTY Washingt	on		MARYL	- 11	o. STATE Marylar	ere deceased	lived. If institution b. COUNTY				en)
	b. CITY OR TOWN (IF RURAL and give no Hagerst	f autside carporate limi arest town) OWN	ls, write	c. LENGTH OF STAY IN 2 days	ч 16	Rural Bo	onsbo	rote limits, write RI	RAL and gi	ve near	est town)	
/	d. NAME OF HOSPITA OR INSTITUTION Washingto	At (If not in hospital, on County I	ive street Iospi	oddres) tal		d. STREET ADDRESS				e.	IS RESID	FARM?
	3. NAME OF DECEASED (Type or print)	Fi Catl	nerin	Middle .e		L APA	4. DATE OF DEATH	Jan. 1	h 3, 196	Day	Ye	ear 9
	5. sex F	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		unel3,1904		9. AGE (In years last birthdoy) 57 yrs.	IF UNDER I	YEAR I	Hours	Min,
	10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	? 11. BIRTHPLACE (Stole of unit	or foreign co kn OWN	untry)		EN OF		COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
	IS. WAS DECEASED EVER (Yes, no. or unknown) {	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	Med	ormant ical Record		Addr	ess			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which (b)	, (	ine for (o), (b), and (c).]  Lendin	- vn	Come					VAL BETT AND I	DEATH
	ZOO, ACCIDENT WA	S UNDERLYING []				OT RELATED TO THE TERMIN			EN IN PART	` '	PERFOR	NO D
	OR CONTRIBUTING  (IF EITHER, NOTIFY  20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Ye	ar 20d, 1 While at war	Not while	Oe. PLACE factor	OF INJURY (Home, form, y, street, affice bldg., etc.	20f. (City	or lown)	(Cc	ounty)		(State)
	21. I certify the alive analysis actual signature Physician's NAME (Type)	at I attended the	decease 19 Fer,	62, and that a	4	ccurred at 5:25P	_M, from	1962 19 I the causes a reet, city or town,	state)	e date	stated DAT	d abave. TE SIGNED
	220 BURIAL CREMATION REMOVAL Specify)	1	62	Zc. NAME OF CEMET	ERY OR C	School	22d LOCAT	ION/ICHY, town, a	e county)	rd.	(State)	
	23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		240. REC'D	N 1 9 '6		TRAK'S SIGI		1	



RYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECO



- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		01233 CERTIFICATE OF DEATH
affer nera buld	1	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss of
Sh far	$\mathbf{V}$	Washington MARYLAND Maryland Frederick
로 부모를		b. CITY OR TOWN (if Justide corporate I mits, write RURAL and give neezest town) write RURAL end give neezest town)
24 1 ar		the letter by th
hin affe		d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street address)  o. IS RESIDENC  ON A FARM
wit		Western maryland State Hospital.
ted stely sers.		3. NAME OF First Middle Lest 4. DATE Month Day Year DECEASED
mple pap		(Type or pr nt) Sadie Virginia Layman DEATH January 2, 1962
CO CO		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (Invers   If UNDER VAR IF UNDER 24 HR.) lest birthdey) Months Days Hours Min.
and and carb		F W W DOWED   DIVORCED   Qct. 20 1890 71 yrs. Months Days Mours
ical ian ive	_	106. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUS NESS OR INDUSTRY 11. BRTH9(ACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR done during most of working life, even if retired)
Partifi ysic emo	7	Housework own home Frederick, md. U.S.A.
h c p ph	1	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding ding plea	1	John Layman Susan Catherine voole
he then		15. WAS DECEASED EVER IN U.S. AMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  (Yes, no, or unkown), (Ifyes give went detes of service)
at the and the		mi - mrs Chesler Boone, R-3, Friderick,
tan.		18. CRUSE OF DEATH [Enter only one ceuse per I ne for (e), (b), end (c) ]  PART I DEATH WAS CAUSED BY:
ysic ed t per		MMEDIATE CAUSE (a) LOBULAR PREUMONIA 18 days
of the control of the		DUE TO
ding ding sen :		Conditions, if eny, which of general arteriosclerosis 21nknew
The then s be s		(a), stating the underlying DUETO
or a ha ha he he he he	0	couse lest. (c)
Calcal as t		PERFORMEDY
SIC osp ertif use		TO GORFIC anewayan & Cerebral arkpiasclerosis (3) Pulmanawy englyses NO 1200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOW INJURY OCCURED, (Enter nature of noury in Port II of Iron IB.)
HIV is confident		OR CONTRIBUTING CAUSE OF DEATH  O (IF EITHER, NOTIFY MEDICAL EXAMINER)
S to the second		ZOo. TIME OF INJURY Month, Dev. Year   20d. INJURY OCCURRED   2De PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Afte After Por H		Hour a.m. While Not While factory, street, office bldg., etc.)
Hain NR: OR: e de		21. I certify that (I) (this hospital) attended the deceased from DEC. 6, 1961, to 1.04.124.04.19. 1960, that (I) (we) I
S De De		saw the deceased alive on BRICLAR of .2., 19. 62, and that death occurred alligh, from the causes and on the date stated abo
State		22e. SIGNATURE 22b. DATI
O E CO W OF		The Tar & Ramas, M.D PHYS. DIRECTOR PHYS. M Jan 24196
age of it		22c PHYSICIAN'S WESTERN Md. 3 Fale. 1905pital
SPI Pa NEN NEN NEN	- E	VICTOR L. Ramos, m.D. Magers rown, ma.
Ette file		23a. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
ဝ <sup>ဆီ</sup> ပြီးခဲ့ နို		Burial 1/5/62 MT from curelly stagentle Mo.
VR A15 (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24 REC'D BY REGISTRARY 256. REGISTRARY SIGNATURE  DATE LAN 1 1 162
15M 9/60	Wa	G. C. Darlon, Walkersville, Md. DATE JAN 11 '62 1 1 traces

MARYLAND STATE DEPARTMENT OF HEALTH



STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH URUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) . PLACE OF DEATH a. COUNTY b. COUNTY 24 hours b. CITY OR TOWN (if outside corporate limits, 4 2 P MARYLAND C. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 16 ۵ write RURAL and give nearest town! MEEDUSVILLE HIFIE EDUSYILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address a. IS RESIDENCE ON A FARM? hours YES NO X 3. NAME OF DATE Year DECEASED (Type or print) DEATH 1962 event, within carbon 5. SEX 8, DATE OF BIRTH AGE (In years | IF JNIPER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Hours WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if retired) POULTRY DEALER AND MOTHER'S MAIDEN NAME please 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyes give war or detes of service) NIRS, MILDRED KEEDVSVILLE r attending physician, has been signed by the 18. CAUSE OF DEATH lEnter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Lisun IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if any, which gave rite to immediate cause DUE TO (a), stating the underlying cause last. After this certificate detached for use as the PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.311 19. WAS AUTOPSY PERFORMED? an Kniwhore NO T 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) tectory, street, affice bldg., etc. Hour a.m. While Not While 4 may be retaine DIRECTOR: A 3 should be det et work al work our 2719 6 2 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Atania saw the deceased alive on. 1-26 - 1962 and that death occurred at 8.17M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR | M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ROONSKORO ath. P. TO FUNE director, 1 be filed v 23a, BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) MENIOVAL (Specify) TAIRNIEW 24 FUNERAL DIRECTOR'S ADDRESS JAN 3 1 '62 256. REGISTRAR'S SIGNATURE VR ATS (4) 15M 7/61 circhan & though OONSBORD



TO HOSPITAL OR ALLAMINING THYSICIAM: The law requires that the denth certificate be executed within 24 haurs after death. Par 4 may be retained by the hospital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Is I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

YR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11400

41235				
1. PLACE OF DEATH 8. COUNTY		2. USUAL RESIDENCE (W	here deceased lived, If Institution: 1	Residence before edmission)
Washington	MARYLAND	e, STATE Md.	b. COUNTY	ash.
b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN Th	c. CITY OR TOWN (If outs'e	da corporata limits, write RURAL an-	d g'va neerest town)
write RURAL and give neerest town Hagerstown	11 years	Hagerst	own	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS	-	e. IS RESIDENCE
24 McKee Ave.	21, 21, 40, 100, 404, 100,	24 McKe	a A Tra	ON A FARM?
3. NAME OF Fish	M ddle		ATE Month	Dea Acet
[Type or print] Lucy Al	bigail	. 0	F .	y 29, 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	, DATE OF BRTH	9. AGE (n yeers IF UNDER 1	
female   white WIDOWED	D YORCED .	Aug. 22, 1895	OD yrs.	Deys Hours Mn.
10e. USJAL OCCUPATION (Give kind of work 10b. KIND done during most of working life, even if retired)	) OF BUSINESS OR INDUSTR	Y 11. 8 RTHPLACE (County & St	tate, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
housewife		Clark Co.,	Virginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles Tanquar			Ada Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC (Yas, no, or unknown) ( (Ifyes give wer or detes of service)	CIAL SECURITY NO. 17. 1	NFORMANT	Address	
	one Ha	rry C. Marsh,	Hagerstown,	Md
18. CAUSE OF DEATH [Enter only one couse per line	for (e), (b), end (c).)			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ute_Coronar	y_Thrombosis		24 hours
DUE TO AM	tarinerlare	tic Heart Dis	20250	Years.
Conditions, if any, which (b) AL (c)	00110261610	CIC HEAL C DIS		Tearp.
(e), stelling the underlying DUE TO				
couse last. (c)				
PART II, OTHER S GN. FICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	F 1(a) 19. WAS AUTOPSY PERFORMED?
No	ne.			YES 🔲 NO 🍱
PART II. OTHER & GN.FICANT CONDITIONS CONTR  NO.  200. ACCIDENT WAS UNDERLY NG TO EATH OR CONTRIBUTING CAUSE OF DEATH ILE EITHER, NOTIFY MEDICAL EXAMINER!	BE HOW INJURY OCCURED	Enter netura of injury in Pert Lo	or Part It of item 18.)	
	JURY OCCURRED   2De, PLA	CE OF INJURY (Home, ferm, † 20	f. (City or town) (Cou	inty) (Stete)
Hour e.m. While	_Not While fect	ory, street, office bldg., etc.)	. (4.) - (4.)	,
		107 90 6	20 Tom 90	60
21. I certify that (i) (this hospital) affende	d the déceased from.	A 4	8210 Jan. 29, 19	
saw the deceased alive on	19 and that	death occured at A.M.	from the causes and on	
22a. SIGNATURE	Dell.	ATTENDING MED. PHYS. DIRECTO	OR PHYS. 7 Jan	.30.1962 DATE
22c. PHYSICIAN'S	7	22d. ADDRESS		
NAME (TYDE R.A.Bell, M.	D.	Hagerstow	vn, Maryland.	
	232. NAME OF CEMETERY	OR CREMATORY   23d	LOCATION (City, town or count	y) (State)
burial Feb. 1 1962	Mt. Hebro	n W	inchester, Va	•
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D 8Y	REGISTRAR 25b. REGISTRAR'S	
Scott F. Minnich & Son	Hagerston	wn, Md DATE FEE	1 '62 arthur	9 40



## MARYLAND STATE DEPARTMENT OF HEALTH

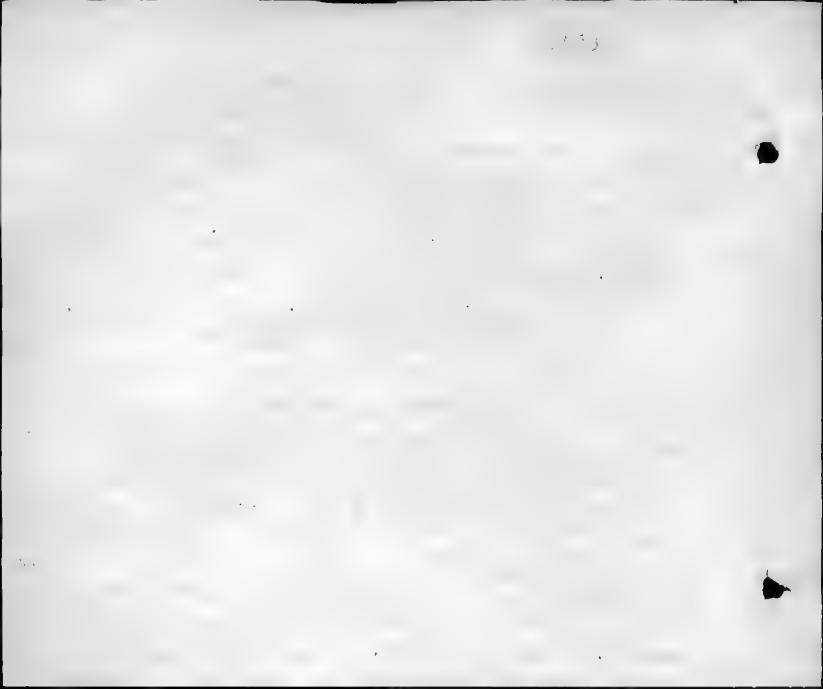
saw the deceased alive on
DEATYLAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  c. LENGTH OF 3124 WIN 15  White RUALAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  c. LENGTH OF 3124 WIN 15  Hagers town Rt. #4  c. STREET ADDRESS  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  JEA
DEATYLAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  c. LENGTH OF 3124 WIN 15  White RUALAND  b CITY OF 10 While dushed corporate limits.  white RUALAND  c. LENGTH OF 3124 WIN 15  Hagers town Rt. #4  c. STREET ADDRESS  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  Broadfording Road  JEAN OF COSTITUTION (any we streat eagress)  JEA
LINGTH OF STAY IN 16  Write RURAL and give necessit down).  Hagers town Rt. #4  a. NAME OF HOSPITAL OR INSTITUTION (1 not in nospitals, give sheet edgress)  Broadfording Road  3. NAME OF DECEASED (1790 or print)  5. SEA
Hagerstown Rt.#4  d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddross)  Broadfording Road  3 NAME OF DECRASED [I/yee or pim]  5 SEX  6 CO.OR OR RACE 7, MARRIED NEVER MARRIED N
G. NAME OF HOSPITAL OR INSTITUTION (** not in hospital, give street eddress)  Broadfording Road  Broadfording Road  Broadfording Road  JACOB HARRY MARTIN  DEATH Jamuary 31  1962  G. G. (In year. DERITHAD BY Yes.)  DEATH Jamuary 31  1963  MANE OF DEET HARRY MARTIN  DEATH Jamuary 31  1963  MARTIN  G. C. O. OR OR RACE 7, MARRIED NEVER MARRIED DIVORCED FORWARD STANDAM MONTHS Devay Min. Months Devy  Months Dev
Broadfording Road    Broadfording Road
3 MARKE OF DECRASED (Type or pinel)  5 SEX   10 CO.OR OR RACE 7, MARRIED   NEVER MARRIED   SEA DATE OF SIRTH  Mele   White   WIDOWED   DIVORCED   February 3, 1883 78/79, Months   Deys   Mounts   Mount   Mou
SEX   JACOB
SEX   16 CO.OR RACE 7, MARRIED   NEVER MARR.ED   B. DATE OF BIRTH   G.   G.   G.   G.   G.   Marry   Months   Day's
Male White Widowed Divorced February 3,1885 7879 yrs Months Day Routs Min.  10a. USJAL OCCUPATION (Give hind of work done during most of working life, even if retired)  Retired Hagerstown, Wash. Co. Maryland. U.S. A Retired Hagerstown, Wash. Co. Maryland. U.S. A Henry H. Martin  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  17. WAS DECEASED EVER IN U.S. ARMED FORCES?  18. CRUSE OF DEATH [Enter only one cause per line for Gath-lb], and Co. Maryland. U.S. A Mother's MAIDEN NAME  19. ACCIDENT WAS CAUSED BY:  10. CONDITIONS OF THE STORM OF
Tight USUAL OCCUPATION (Give kind of work done during most of working life, evan if refired that the during most of the life mo
FATHER Retired Hagerstown, Wash. Co. Maryland. U.S. A  13. FATHER'S NAME  Henry H. Martin  15. WAS DECASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unbown) (Byergive were redules of service)  NO  18. CRUSE OF DEATH [Enter only one cause per I no for (a)-tib) and (c).  18. CRUSE OF DEATH (and the wash caused by:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gover is to Immediate cause  (e), stefting the underlying cause lest.  DUE TO  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:e)  19. WAS AUTOPSY  PERFORMED?  YES NO  20. ACCIDENT WAS JNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:e)  19. WAS AUTOPSY  PERFORMED?  YES NO  20. ACCIDENT WAS JNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:e)  19. WAS AUTOPSY  PERFORMED?  YES NO  20. ACCIDENT WAS JNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:e)  19. WAS AUTOPSY  PERFORMED?  YES NO  20. TIME OF INJURY Month, Dey, Yeer  While Not While st work contributing
Henry H. Martin  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  17. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CRUSE OF DEATH [Enter only one cause per I no for Jahrib) and (c).  18. CRUSE OF DEATH [Enter only one cause per I no for Jahrib) and (c).  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause of DEATH (e), stelling the underlying cause of DEATH (if Either, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (if Either, NOTIFY MEDICAL EXAMINER)  206. TIME OF INJURY Month, Dey, Yeer 19. WAS AUTOPSY PERFORMED?  VES NO Extra NO DEATH (Stell)  206. TIME OF INJURY Month, Dey, Yeer 207. The Country of the Industry of Stelling Country (Stell)  208. Time Of INJURY Month, Dey, Yeer 209. While all work etc.   sectory, street, office bidgs, etc.   21. I certify that (I) (this hospital) attended the doceased from the deceased alive on the date stated above 226. SIGNATURE  22b. DATE
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT   INFORMAN
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT   INFORMAN
18. CAUSE OF DEATH [Enter only one cause per I ne for (a)+-tb], and (c).  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gove rise to immediate cause (e), stering the underlying  DUE TO  Could be stering the underlying occurse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS  CO. ACCIDENT WAS UNDERLYING OCCURRED OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!  20b. DESCRIBE HOW (NJURY OCCURRED to Place OF INJURY (Home, ferm, p.m. 19 while of work of the w
18. CAUSE OF DEATH [Enter only one cause per line for (a)-th), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of in any in Part II of Hem 18.)  20c. ACCIDENT WAS JNDERLYING OCCURED. (Enter nature of in any in Part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED. (Enter nature of in any in Part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED. (Enter nature of in any in Part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 18.0, and that death occured at M., from the causes and on the date stated above 22e. SIGNATURE  22b. DATE
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (e)
Conditions, if eny, which geve rise to immediate ceuse (e), stering the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFO
geve rise to immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMED?  YES NO 22  20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. TIME OF INJURY Month, Dey, Year Hour e.m.  p.m.  19  20e. TIME OF INJURY Month, Dey, Year Hour e.m.  p.m.  19  20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from.  21. I certify that (I) (this hospital) attended the deceased from.  22b. DATE
(e), steting the underlying   DUE TO   Course lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   19. WAS AUTOPSY PERFORMED? YES   NO PERFORMED. YES   NO PERFORMED? YES   NO PERFORMED. YES   NO PERFOR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.
PERFORMED?  YES NO 200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Part II of Hem 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 10c. of the part II of Hem 18.)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 20d. (City or town) (County) (Stellar)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 20d. (City or town) (County) (County) (Stellar)  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 10c. PLACE OF INJURY (Home, ferm, 20d. (City or town) (County)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While at work the deceased from 19 at work the deceased alive on 19 at work the deceased from 19 and that death occurred at M, from the causes and on the date stated above 22b. DATE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While at work et work teleory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from the deceased alive on the date stated above 22b. SIGNATURE
20c. TIME OF INJURY Month, Dey, Year While Not While at work 19 work 19 attended the deceased from 18.0, and that death occurred at M., from the causes and on the date stated above 22b. DATE
21. I certify that (I) (this hospital) attended the deceased from 18.0, to 19.2, that (I) (we) lass saw the deceased alive on 18.0, and that death occurred at 18.4, from the causes and on the date stated above 22b. DATE
21. I certify that (I) (this hospital) attended the deceased from 18.0, to 19.0, to 19.0, that (I) (we) lass saw the deceased alive on 18.0, and that death occurred at 18.0, from the causes and on the date stated above 22b. DATE
saw the deceased alive on
22b. DATE
M.D. PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S 22d, ADDRESS
NAME (Type) To F M TITTO TO THE SALVEY MALE
230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CENTERY OR CREMATON 23d. LOCATION City, 100 or County 1
Burial 1/24/62 Cedar Grove Minonite near Greencastle, Franklin
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Se, REC'D BY REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown, Maryland, DATEJAN 2 6 '62 Claim S. Kinns



CERTIFICATE OF DEATH funerai 2. USUAL RESIDENCE (Where deceased l'yed, if institution: Rasidence before admission) I. PLACE OF DEATH a. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete imits, write RURAL and give nearest town) by write RURAL and give nearest town) Hagerstown Hagerstown Week e – ages IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) ed ON A FARM? 1909 Virginia YES | NO XXX Washington County Hospital 4. DATE 3. NAME OF OF DECEASED pap DEATH 19 (Type or print) Jany\_ MIDDLEKAUFF JA GOB AGE (In years | IF JNDER 1 YEAR | IF JNDER 24 HRS. carbon COLOR OR RACE 17. MARR ED TO NEVER MARRIED B. DATE OF BIRTH 5 SEX last birthdey) Months | Days and Oat 6 DIVORCED [ Male White WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? BIRTHPLANE (Sanity C State Net Sore an country) 10a JSUAL OCCUPATION IG ve kind of work 10b K ND OF BUSINESS OR INDUSTRY physician remove done during most of working life, even if retired) fo USA Spielmans Station Mill Wright Retired 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME please Laura Eakle Aaron C. Middlekauff altend 15. WAS DECEASED EVER N.L. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) (if yesq vewer ordates of service) 217-12-2262Margaret C. Middlekauff INTERVAL BETWEEN Virginia Ave Hagerstowichset and De Th 18. CAUSE OF DEATH [Enter only one couse per 1909 signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO if any, which has been geve rise to immediate ceusa DUE TO (a), stating the underlying c/003: the THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO certificate PERFORMED] 28.5 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] SAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY .. Month, Day, Year fectory, street, office bldg., elc.) No While While Hour a.m. at work et work p.m. (this hospital) attended the deceased from. 21. I certify that (1) 196 Land that death occurred at 7.5M, from the causes and on the date stated above 6 saw the deceased alive on 22b, DATE SIGNED ATTENDING MED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME ITYPE director, be filed v FUN 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Bakersville Bakersville Cemetery Wash OF Buria 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Andrew K. Coffman Hagerstown Md. 15M 9/60 arthur S. Hraus

ND STATE DEPARTMENT OF HEALTH

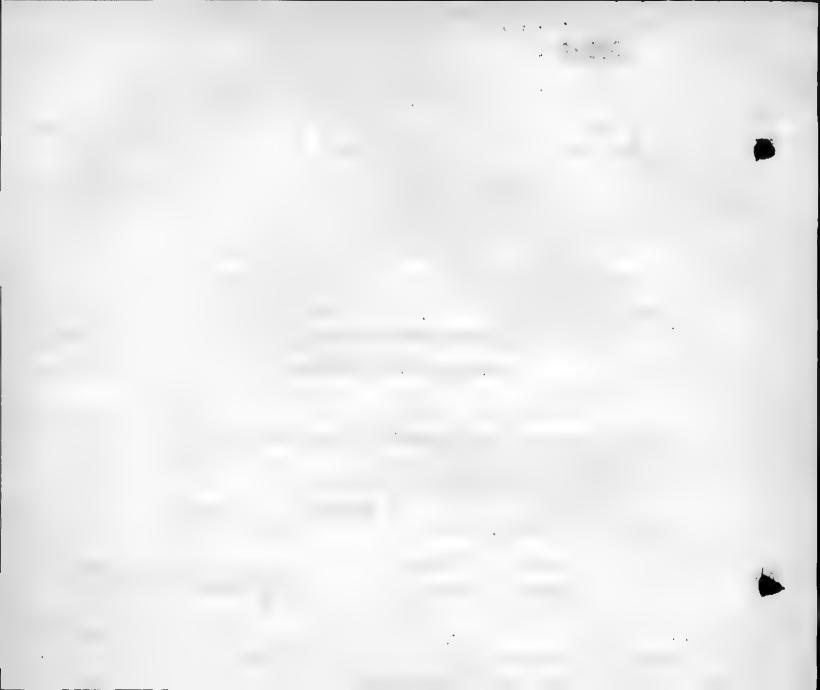
W. PRESTON STREET, BALTIMORE 1, MARYLAND



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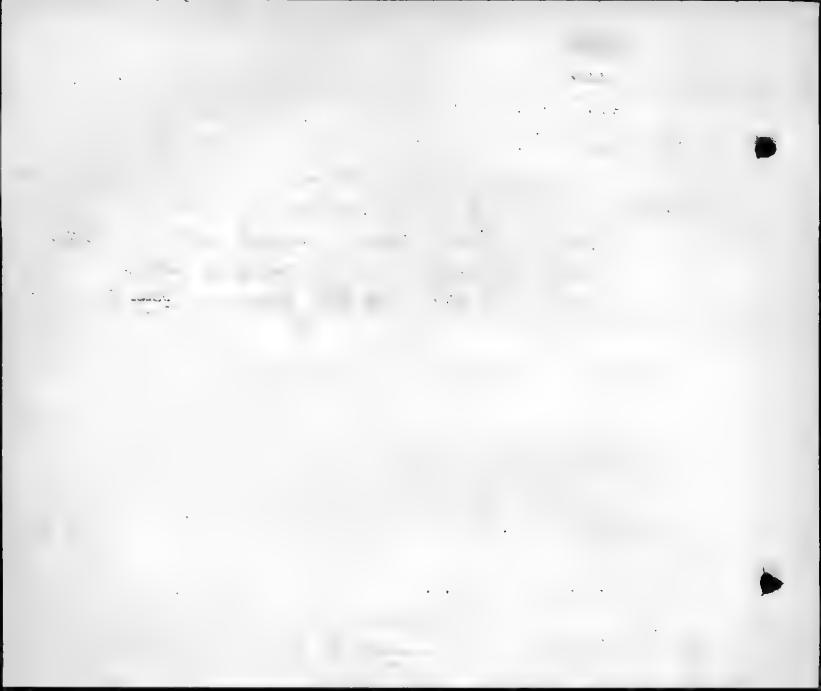
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
01238	CERTIFICATE OF DEATH	01223 _		
DE PLACE OF DEATH C. COUNTY  Washington  b. CITY OR IOWN (if outs de corporete limits, write RURAL end give nearest town)  Hagers town  d. NAME OF HOSPITAL OR INSTITUTION (f not if	c. LENGTH OF STAY IN 16 c. CITY OR TOWN, foulside corporate limit	ington		
Delwood Ave 3. Name of DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MA  Fenale White WID	Delwood Ave  Lest  Lest  A. DATE OF DEATH Jan  PRINTED TO BE DATE OF SIRTH	Month Dey Yeer  Y 4 1962 19  Yeers IF UNDER 1 YEAR, 1F UNDER 24 HRS.  Idey) Months Deys Hours M.n.		
Housewife 13. FATHER'S NAME	Own Home McConelaburg Fulton	. Co USA		
というというというというというというというというというというというというというと	None Benj C. Miley Delwood  per I ne for (e), (b), end (c). Hagers town Md.  ATASTATIC CARCINOMA  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	INTERVAL BETWEEN ONSET AND DEATH  2 - 10.  ON GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO I		
20c. TIME OF INJURY Month, Day, Yeer Hour a.m. 19 a 21. I certify that (I) (this hospital) a	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  22d. ADDRESS	uses and on the date stated above		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/8/62 24 FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Ha	ADDRESS 25e. REC'D BY REGISTRAR 25	ow.n Wash Co Md.		

		MARYLAND STATE DEPARTMENT OF HEALTH		
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
M En a		01239 CERTIFICATE OF DEATH		
funeral should	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE		
4 hours by the fu and 2 sh death.	$\vdash$	b. CITY OR TOWN (if outside comporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside comporate limits, write RURA) and give negrost town,		
4 7 <u>u</u> <u>p</u>		gwrite RURAL and give noseifft lown]		
		d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE		
N A A		Western- md State Hospital Rt 2-130x 349 VES NO		
executed complete in paper	3.	NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED		
execucomple on pay	R	(Type or print) Emma Jane Moore DEATH January 4, 1962 SEX 16. COLOR OR RACE 17 MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH 19. AGE (In years IF UNDER 14 ARS.		
arbo arbo		lest birthday) Months Days Hours Mun.		
certificate be exe hysician and com remove carbon p any event, within	10	ternall Make WIDOWED DIVORCED 1221 4-1873 8875  3. USJAL OCCUPATION (Give kind of work me during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. ERTHPLACE (County & Stelle or fore gracountry)  12. CITIZEN OF WHAT COUNTRY?		
certificate physician premove any ever		Foregrafic Daniete Clark manyland in SE		
E Parie	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  7		
- ₽ - ₽ - ₽ - ₽ - ₽ - ₽ - ₽ - ₽ - ₽ - ₽	15	WAS DECEASED EVER IN U.S. ARMID FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address		
hat the cities the attent. Then moval, a	10	os/no, or unkown) (lifyesgive werordatesofservice)		
s tha an. y thy mit. remy	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  INTERVAL BETWEEN ONSET AND DEATH		
ysici ysici ed b per per		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR PREUMONIA 4 days		
v rec g ph sign ansit		Conditions, if any, which Seneral arterioscierosis unknown		
e lav ndin seen ial-tr		geve rise to immediate ceuse		
The atternas the has the rial, bur		(e), stelling the underlying DUE TO		
TAN: tal or cate has the to buri	Z O	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED?		
TYSICI hospit certific ruse a prior to	CERTIFICATION	In Inactive Rheumatic Heart (2) Bilateral hydrone phrosis		
PHY he h is ce for u	ERTI	206. ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER,		
thed Healt		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f., City or lown) (County) (State)		
(DIN)	MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.}		
TTEN TON Dept		21. I certify that (1) (this hospital) attended the deceased from December 4, 1961, to January 4, 1962 that (1) (we) last		
P P P P P P P P P P P P P P P P P P P		saw the deceased alive on court of the date stated above,		
O Sh		226 SIGNATURE  226 SIGNATURE  ATTENDING MED. STAFF S.GNED S.GNED DIRECTOR PHYS. DIRECTOR PHYS. DATE		
Age 4		22d. ADDRESS WESTERN md. State Hospital		
OSPI WW Bed w	_	NAME (Type) VICTOR L. Ramos, m.D. Hagershown, mary land		
H Per	23	e. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)		
HH	24	FUNERAL DIRECTOR SIGNATURE  ADDRESS  AD		
VR A15 (4) 1SM 7/61		Semment Britlers 1661-gd Heps. PRATE JAN 8 '62 arthur 8. House		
100	_	2 Euch Ar		



2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) e. IS RESIDENCE ON A FARM? YES INO! Yeor NOTER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL SETWEEN ONSET AND DEATH Indefinite Indefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stole) 19 56 to Jan. 31 19 62 that (I) (we) last 62, and that death accurred at A M, fram the causes and an the date stated above 22b DATE SIGNED STAFF Washington Street Mary OWn 23d LOCATION (City, town, or county) (Stote) 256 REGISTRAR'S SIGNATURE Critical & Krous

VR A15 (4) 1SM 9/59



LAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01241 funeral should / 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) C e. COUNTY b. COUNTY 22 MARYLAND WASHINGTON

c CITY OR TOWN (If outside corporate limits, write RURA, and give neerest town) b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) after HACEKSTOVVA d. NAME OF HOSPITAL OR INSTITUTION (II not In hospital, g ve street eddress) e. IS RESIDENCE completely on papers arithin 72 hours ON A FARM? YES NO X 3. NAME OF GUILFORD 4. DATE Middle Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19 62-YLOS EK DATE OF BIRTH AGE (In years I VUNDER I YEAR and corr carbon 1 it, within IF UNDER 24 HRS. last birthday) Months Hours DIVORCED TEMALE WITTE WIDOWED ANUARY. yrs. physician 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP. ACE 12. CITIZEN OF WHAT COUNTRY? (County & Stelle, or foreign country) done during most of working life, even if ratired) NEAR SHARPSBURG- WASH. CO. M.D. 41517-13. FATHER'S NAME HOME WILE attending ph Then please r val, and in a 15. WAS DECEASED EVER IN J.S ARMED FORCES? 820 CULFORD AVE HOSEMI removal, (Yes, no, or unkown) ! (If yes give we ror detes of service) 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). LIONEL MI. MOSER HAGERSTOWN MI INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: / Whose + IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO = 208 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of item 18.] 20c. TIME OF INJURY 20s, PLACE OF INJURY (Home, form, (State) Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While WED Hour e.m. may be retaine DIRECTOR: / et work at work 21. I certify that (I) (this hospital) attended the deceased from 29 19.6, to 30., 19.6 (that (I) (we) last saw the deceased alive on 30. 19.6, and that death occurred at AM, from the causes and on the date stated above. plnods 22b. DATE 22e. SIGNATURE ATTENDING SUSINED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) O FUNE director. 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) RENOVAL (Specify) DURIAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (41 ~ FEB 2 62 15M 7/61 DONSBORD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 01242 CERTIFICATE OF DEATH director, 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 1. PLACE OF DEATH executed within 24 haurs after death. Page a. STATE h. COUNTY MARYLAND uneral b. CITY OR TOWN (If butside carporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write EURAL and give nearest town) c. CITY pe RURAL and give negresi lown) achiloman OF NAME OF HOSPITAL (If not in hospital, give street, address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM OR INSTITUTION YES THE NO IF 프 등 NAME OF 4. DATE Middle Day Last Month Year filled DECEASED DEATH Pages GNC death. (Type or print) 190 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS d. COILOR OR RACE 7. MARRIED NEVER MARRIED B/DATE OF BIRTH campletely Months Doys hours after Hours WIDOWED TO DIVORCED [ popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and STOLE A carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician IS WAS DECEASED. EVER IN W. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending INTÉRVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). A how My ardun 1 conde DUE TO ģ Canditions, if ony, which (b) te has been signed burial-transit permi gave rise to immediate **DUE TO** Terior distric Heart descine couse (a), stating the under-3 won The lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORME D? as divasau YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (Stote) Day, Year (County) factory, street, affice bldg., etc.) Hour a.m. While Nat while of wark at wark p. m. 196 7 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. 19 62 and that death accurred at 25 m, from the causes and an the date stated above. saw the deceased alive and ECTOR: 220-SIGNATURE 22b DATE SIGNED M D PHYS MED DIRECTOR STAFF PHYS 22c PHYSICIAN'S 22d ADDRESS TO FUNERAL page 3 the State DATE THEREOF BURDAL, CREMATION, 236 NAME OF CEMETERY OR CREMATORY 23d/LOCATION (City, low). MOVAL (Specify) 25h REGISTRAR'S SIGNATURE AL DIRECTOR'S SIGNATURE D BY VR A15 (4) 0 Cinhur L. Maria 1SM 9/59



LAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY Washington MARYLAND aryland Washington
c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) Marvland h CHY OR TOWN (if outs da corporete limits, ELENGTH OF STAY IN 16 Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 350 Washington County Hospital YES NO K 3. NAME OF Month DECEASED OF (Type or print) (NMN) LEROY DEATH 19 Janv 1962 6. COLOR OR RACE | 7. MARRIEDE T NEVER MARRIED AGE IIn years 'IF UNDER 1 YEAR ! IF UNDER 24 HRS lest bathdey) Monthsi Hours Male WIDOWED [ DIVORCED Janv 10e, USUA, OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11, & RTHP. ACE (County & State or page country) , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Conductor W. M. R. R. Franklin 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME William Myers Eleanor Talhelm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give we rordates of service) Maggie M. Myers350 Ridge Mrs 18. CAUSE OF DEATH [Enter only one couse per ] INTERVAL BETWEEN Hagarstown Ma ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) Conditions, if any, which (b) geve rise to Immediate ceuse DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS LNDERIN NG LOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Jost Cor 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Not white While at work at work 19,50 to \_\_\_\_\_\_\_\_ 1962\_that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .1962, and that death occured a British from the causes and on the date stated above. 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS

NAME (Type) 23a. BURIAL, CREMATION, 1 23b. REMOYAL (Specify)

NAME OF CEMETERY OR CREMATORY

Rose

23d. LOCATION (City, fown or county)

(State) Hagerstown Wash Co

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

ADDRESS

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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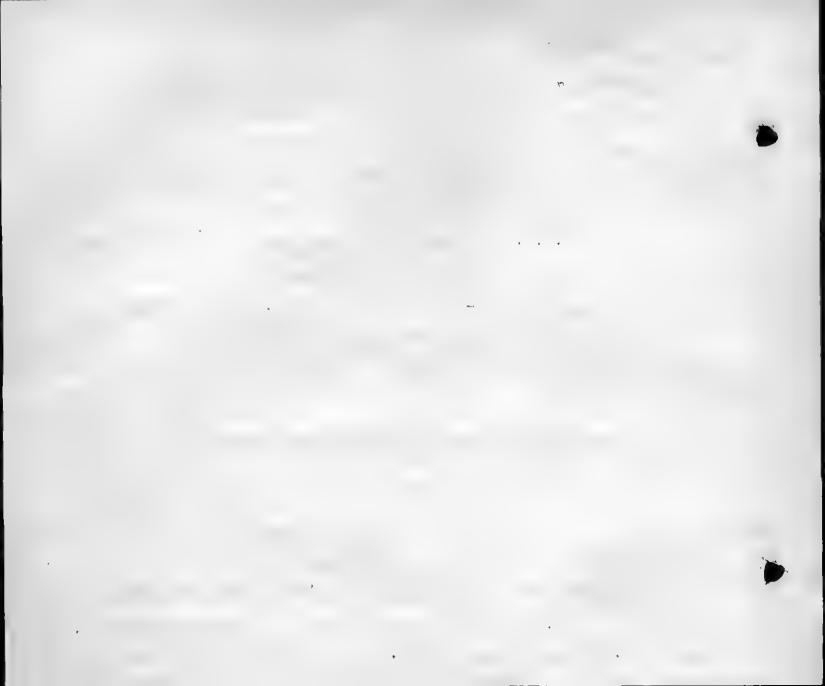
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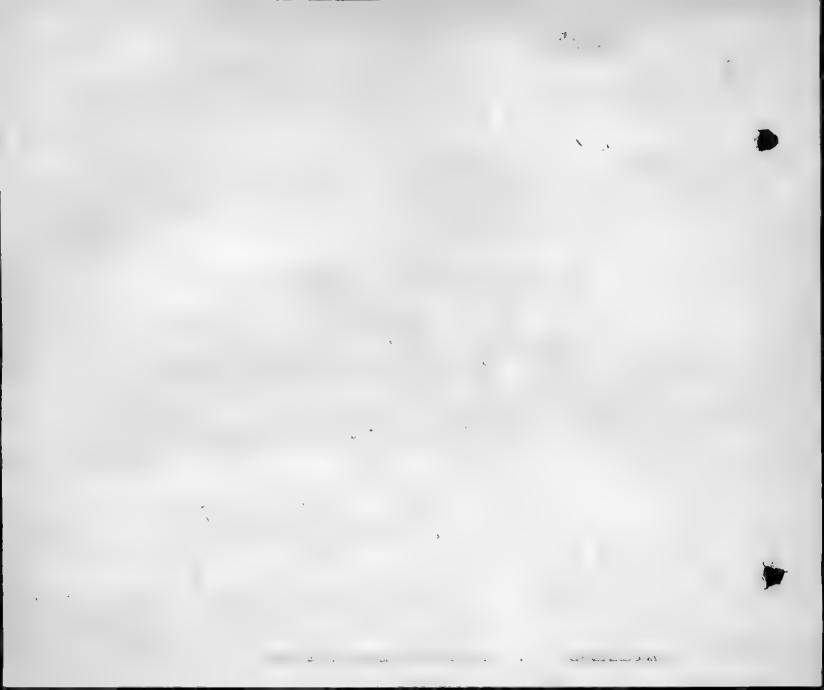
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Par Car	. /	JOHN C. STAUFFER 145. S. PROSPORT ST HAGERSTOWN.	Mr
HOSP Th. P. FUNE Scior,	Ē .	23a. BURIAL, CREMATION 23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	2.40
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H H	,	JUNIAL SAN 20 1962 ELK CARDEN EMETERY ELK LARDEN W.VA.  24 FUNERADDIRECTOR'S SIGNATURE  ADDRESS 258. RECD BY REGISTRAR 255, REGISTRAR'S SIGNATURE	
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FON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporata fimits, write RURAL and give necrest town) wate RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not e. IS RESIDENCE ON A FARM? YES NO Z completel NAME OF Middle 4. DATE Month Day DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR O'R RACE S DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF LINDER 24 MRS 7. MARRIED NEVER MARRIED and last burthday) Months WIDOWED IZ DIVORCED hysician 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) OUSCWI Ö 13. FATHER'S NAME MOTHER'S MAIDEN NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordelesofservice) 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Arterose terotic Heart Disease Conditions, if any, which (b) gave rise to Immediate cause **DUE TO** (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19, WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. Mater neture of layery in Pert t or Part It of item 18.) 206. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stale) factory, streat, offica bldg., etc.) While Not While at work at work p.m. ....19. and that death occured a stated above. saw the deceased 22a, SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHY5. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county 23a, BURIAL, CREMATION, 236. REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S 25a. DCC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Chimir L. Phone AMONIAN 3 I



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## **CERTIFICATE OF DEATH**

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O-May S. Krans

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)	n. PLACE OF DEATH d. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	and b. COUNT	tion: Residence before odmission) Y Washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and gave nearest town) OWN	45 years		erstown	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street Western Md. State Fos		d. STREET ADDRESS 522 Sum	mit Ave	e. IS RESIDENCE ON A FARM2, YES NO P
	NAME OF DECEASED (Type or print) ELizabeth	Wolfe	POOLE	4. DATE MO OF DEATH	Day Year 30 1962
1	Female White WIDOW	ED DIVORCED	B. DATE OF BIRTH Aug. 17, 19		Manths Days Haurs Min.
		unty Gov.		r foreign country) s Station 1	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Wilkens Boyer			Blanche R	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  [If yes, give wor or dates of service]		rormant R. Pool		own, <sup>M</sup> d.
	PART I. DEATH Enter only one cause per file of the cause per file of the cause per file of the cause (a). The cause (a) the caus	RCINO HA	TOSIS OF UTERU	'S RECUR	INTERVAL BETWEEN ONSET AND DEATH 4 HOW THE
	PART II. OTHER SIGNIFICANT CONDITIONS OF SUBACUTE L CHRO  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI	1 01/01	NEPHRITIS	5 -	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. 1	i fee	ACE OF INJURY (Home, farm, clory, street, office bldg., elc.)		(County) (State)
	21 I certify that (I) (this hospital) attends saw the deceased alive an figure 220 S GMATURE  220 S GMATURE  4 LOVE U. Fello  22c. PHYSICIAN'S NAME (Type) ANTONO U. F	219_6.2. and that a	leath accurred at A	M, from the causes o	Jan. 30. 19.62 that (1) (we) last and an the date stated above 22b. DATE SIGNED 30. 1962  Ave thageither
	23a. BURIAL CREMATION. 23b DATE THEREOF REMOVAL (Specify) Burial 2-2-62	23c NAME OF CEMETERY O		23d. LOCATION (City. fown	3.5
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	3.7.7		SISTRAR'S SIGNATURE
	Scott F. Minnich & Sc	II Hagerstown	1, Md. DATE ER	100	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page he funeral director, nauld be filed with may be retained by the haspital or attending physician.

D. FUNERA

CTOR: After this certificate has beneared by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. may be reka YR A15 (4) 15M 9/59



## AND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY b. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Marvland Washington 12 th MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and ed in Hagerstown Hagerstown 4 Day d. NAME OF HOSPITAL OR INSTITUTION, if not in hosp tall, give street address? Days d. STREET ADDRESS North Janathan Washington County Hospital 3. NAME OF DATE Midd e 72 DECEASED par comp DEATH January (Type or print) GEORGE and con 6. COLOR OR RACE! 7. MARRIED NEVER MARRIED 9. AGE ILL YEARS 'IF UNDER 1 YEAR 8. DATE OF BIRTH ,est b rihday} Months DIVORCED [ ŧ Malle WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE County & 20 , or foreign C. Mechanic Atlantic Ref Co Retired Co Sharpsburg Wash 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Price Martha Wilson 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give we rordeles of service) Tilghman Price 412 Pangborn Blvd 18. CAUSE OF DEATH (Enter only one cause per line for Hagerstown Md. ed by the hospital or attending physician After this certificate has been signed by PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, (b) DUE TO ceuse lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 20d, INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work DIRECTOR to. saw the deceased alive on... 22a. SIGNATURE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) a Gig Sharpsburg Wash Cemeterv 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Coffman Hagerstown Md. Andrew K.

15M 9/60

DATE JAN 8

Chilling S. Hrana

(County)

e. IS RESIDENCE

YES NO TO

INTERVAL BETWEEN ONSET, AND DEATH

> WAS AUTOPSY PERFORMED? NO

> > (Stata)

22b, DATE

(State)

SIGNED

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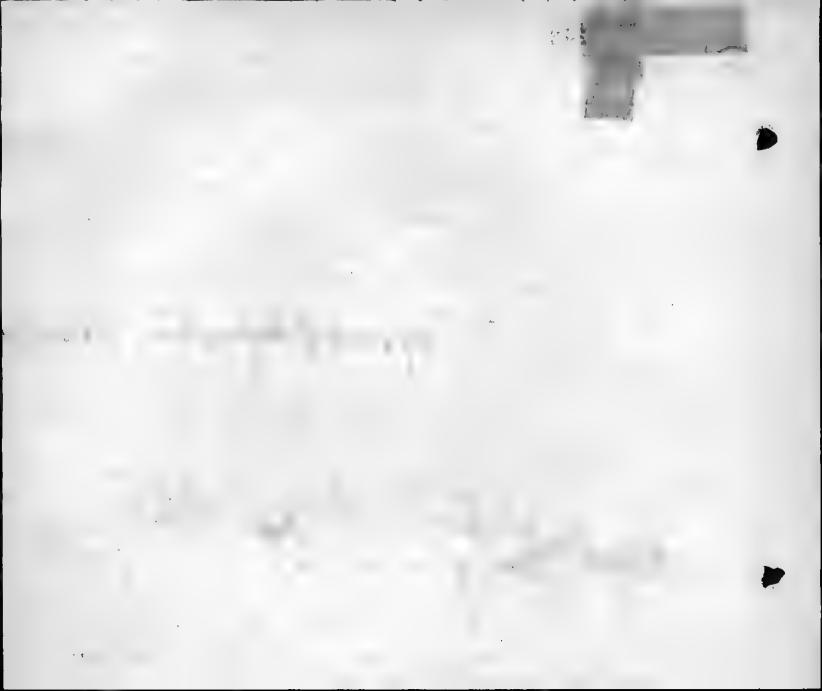
USA

ON A FARM?

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	CERTIFICATE OF DEATH  CERTIFICATE OF DEATH
	PLACE OF DEATH  a. COUNTY  D. CITY OR TOWN (if outside corporate I milts, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  WITH RURAL and give nearest town
nours after	DOWNSVIELE  d. NAME OF HOSPITAL OR INSTITUTION   H not in hospital, give street address)  NOBURN MANOR NURSING HOME    O. IS RESIDENCE ON A FARM YES X NO [
F = -	NAME OF DECEASED (Type or print)  SEX  6 COLOR OR RACE 7. MARRIED NEVER
° 1 d	MALE WHITE WIDOWED DIVORCED ALCUST - 5. 1890 71 yrs.  6. USUA. OCCUPATION [Give kind of work one during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNT
and ,	ELMER RENNER SARAH MARGARET RENNER  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  ob., no. of unknown) [(Hyas give war or dates of service)]
rial, cremation, or remo	18. CRUSE OF DEATH [Enter only one cause parties for (e), (b)) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), staling the underlying cause last.  DUE TO  DUE TO  DUE TO  Consistent of the underlying cause last.
Ith prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO 20%. ACCIDENT WAS UNDERLYING 120%. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part 1 or Part 11 of item 18.]  OR CONTRIBUTING 120% CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Appt. of Hea	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street office bldg., etc.) (County) (State at work p.m., 19 at work at work at work 2Dd. Injury Occurred (State at work) (State at work) (State at work) (County) (County) (State at work) (County) (Cou
with the State L	saw the deceased alive on
	BURIAL CRIMATION. 236 DATE THEREOF 123. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) PORLAL SPECIFY)  OAN, 15:1962 MT. LENA CEMETERY MT. LENA WASH, CO.MD.

MARYLAND STATE DEPARTMENT OF HEALTH



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M		PLACE OF DEATH  a. COUNTY WASHINGTON MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission and the state MAPYLAND b. COUNTY ANTI-
		b. CITY OR TOWN (if outside corporata limits,  FURPLE TIPETS OF N  C LENGTH OF STAY IN  S MOS.	C CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  OLDE DUTNITE  4 8
п		ATLV. AY NUFSTNG HOME	d. STREET ADDRESS  102 SUI IT IVL.  on a fai
		NAME OF DECEASED HAFMAN ALBIFIUS	RICLNOUP DEATH J. JARY 14 197
		SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 10/11/1887  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F last birthdey) Months Days Hours M 74 yrs.
,	do	RETIRED CARPENTER	OUSTRY II STRINGLAGE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTY) 1.5.1.
		FATHER'S NAME  FILLIOJR	LIGUE ONE LE CONTRA LE CON
	15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 s. nonor unkown) (If yes give war or dates of service) 215-14-9790	
^'		18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c).]  PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, fany, which [b]  DUE TO  Conditions, fany, which [b]  DUE TO  Cause lest.  (c)	Cardiac Haclure. Mitter al Between Cardiac Kalanae
	ATION	To the second se	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORM!  YES NO
	≝	200, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter nature of injury in Part I or Part II of Item 18.)
	i . I		
	MEDICAL CERT	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour a.m. While Not While at work at work at work	PLACE OF INJURY (Mome, larm, 20f. (City or town) (County) (Sie fectory, street, office bldg., etc.)
	I - I	Hour a.m. p.m.  19 While Not While at work  21. I cortify that (I) (this hoppital) attended the deceased from the deceased alive on A. 3.19.2.7 and the deceased alive on A. 3.19.2.7 an	fectory, street, office bldg., etc.)
1	I - I	Hour a.m. p.m.  19 While Not While at work   21. I cortify that (I) (this hopital) attended the deceased from	ony. (I) (we that death occurred at 1.3 My again the causes and on the date stated at
1	TEDICAL 23a	Hour a.m. p.m.  19 While Not While at work   19 at work	teclory, street, office bidg., etc.)  ony. Charles and the causes and on the date stated at the causes are caused at the causes and on the date stated at the causes are caused at the causes at the causes are caused at the caused at the causes are caused at the caused



VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE

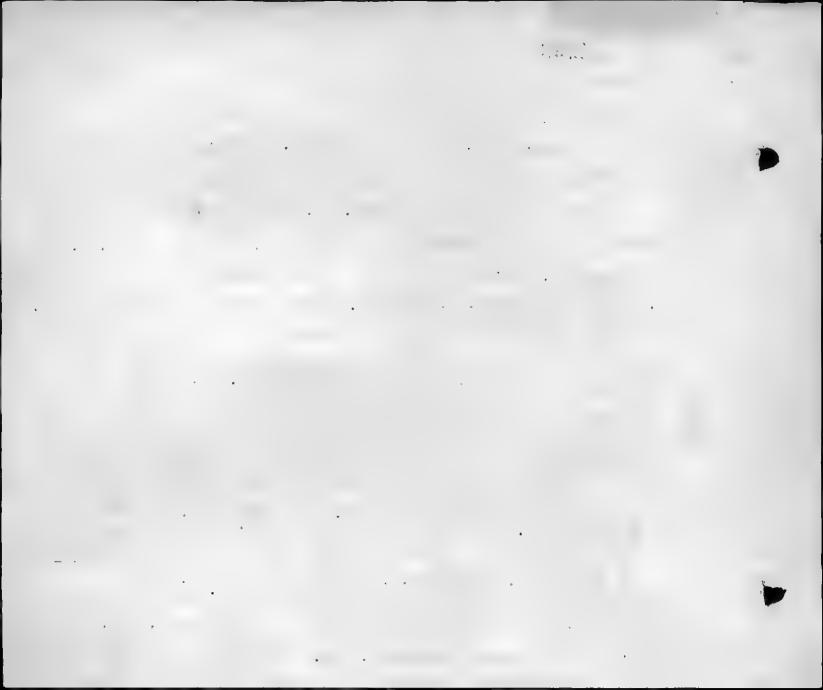
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission) e. COUNTY e. STATE Maryland **b. COUNTY** Washington Washington MARYLAND b. CITY OR TOWN (if outs da corporale imits. c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) r. LENGTH OF STAY IN 16 write RURAL end give neerest town] vears Hagerstown Hagerstown e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to., give street eddress) d. STREET ADDRESS ON A FARM? Rowland Ave. 203 B. Rowland Ave YES NO TE 3. NAME OF Éirst DATE Middle Yeer DECEASED (Type or print. DEATH Henry Hubert Robinson 1962 January A F In years IF UNDER 1 YEAR 6. LOLOR OR RACE 7. MARRIED X NEVER MARRIED IF JNDER 24 HRS 5. SEX Months Devs Hours Male White WIDOWED . DIVORCED 10ct. 1890 17 toe. USUAL OCCUPATION (Give kind of work 10b, KND OF BUSINESS OR NDJSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Laborer Laundry Harrington, England 13. FATHER'S NAME Minnie Haughan Joseph H. Robinson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) No. 214-09-2513 Mrs. Helen Robinson Hagerstown, Wn, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH Acute Goronary Occausion PART I, DEA H WAS CAUSED BY. MMEDIATE CAUSE (e) DUE TO Atherosclerotic Heart wisease Conditions, if any, which (b) (Acute Coronary Occlusion Apr. 10. gave rise to immediate causa DUE TO (e), steting the underlying couse last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20h. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I of Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f., (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. et work et work n.m 21. I certify that (I) (NIX NOXIVA) attended the deceased from Jan. 22e. SIGNAZUR ATTENDING PHY5 DIRECTOR PHYS. M.D 22d. ADDRESS Lavnan. NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county (State) REMOVAL (Specify) Hagerstown, Md. Burial Rose Hill Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

md . DATE AN 1 0 '62

Circher S. Tracks

**ADDRESS** 

Minnich & Son Hagerstown,



RYLAND STATE DEPARTMENT OF HEALTH

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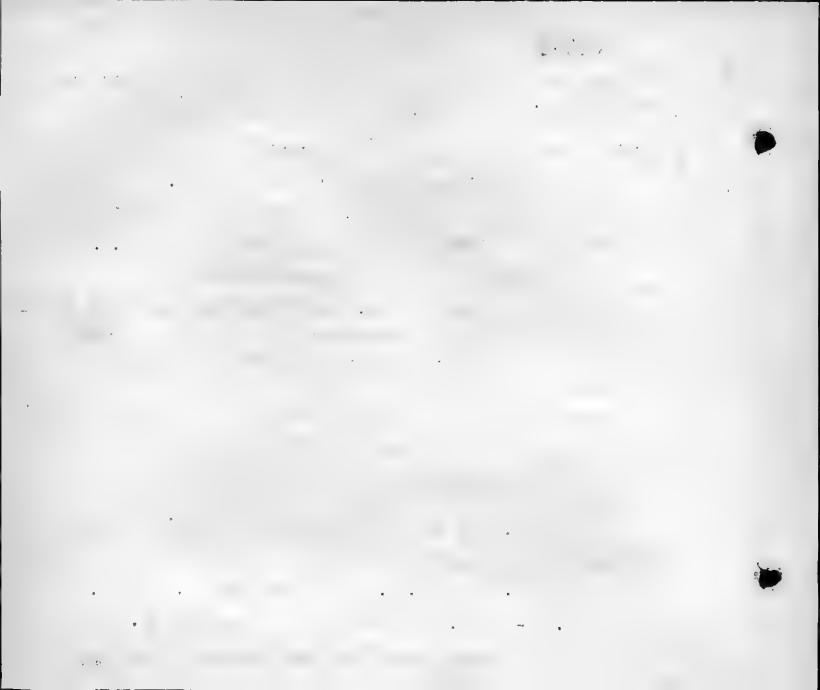
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01252funera 24 hours after 1. PLACE OF DEATH USUAL RESIDENCE (Whare deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Washington まる書 MARYLAND by # b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Hural Keedysville Rural Keedvsville RFD vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Keedysville YES NO I KEN Keedvsville RFD completely NAME OF DATE Month Year DECEASED OF (Typa or print) DEATH 19 62 Ebersole Rohrer Jan. and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months: Days Female White WIDOWED K DIVORCED | Jan. 11 18 1890 YES. IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Housewife Marvland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 90 Margaret Ebersole Clipp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of sarvice) Mrs. Harry Abbott Keedysville Md RFD certificate has been signed by the r use as the burial-transit permit. I prior to burial, cremation, or remov 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary Thrombosis instant IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic CV disease ll Yrs. Conditions, if any, which gava rise lo immediala causa DUE TO (a), sleting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a)] 19 WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of Pert II of Item 18.) R: After this detached for OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) tactory, street, office bldg., etc.) Hour am Whila Not While at work at work D. M. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from Dec. 1, 19.50 to Jan. 131962 that (I) (we) last ......19.62., and that death occurred at AM, from the causes and on the date stated above. Jan. saw the deceased alive on SIGNATURE 22b. DATE ATTENDING S.GNED DIRECTOR 宜 PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNE ector, pr NAME (Type) Walter H. Shealy Sharpsburg. Md. 1/15/62. 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) OFB Mt. Sharpsburg Md. 16-62 View Cemetery Purial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

DYLAND STATE DEPARTMENT OF HEALTH



**DIVISION OF STATISTICAL RESEARCH** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 012531. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COLINTY Washington Washington 유무 MARYLAND by th b. CITY OR TOWN (if outside corporate limits. g. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Hagerstown Hagerstown d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tall a ve street address) d STREET ADDRESS . S RESIDENCE ON A FARM? 100 East Ervin Jackson Conv. Home YES NO TE completely NAME OF DECEASED (Type or print) DEATH 19 62 ROSEN January HEYMAN NATHAN 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE ( n years | IF UNDER 1 YEAR | IF JNDER 24 HRS B. DATE OF BIRTH pue last birthdey) Months WIDOWED [ D YORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UBA. Lithuania Retired Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending No Record No Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Odell Rosen. 1801 oodburn g physician. signed by the 18. CAUSE OF DEATH Enter only one cause ne INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Interction IMMEDIATE CAUSE (a) DUE TO erio Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying DIRECTOR: After this certificate should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I 19. WAS AUTOPSY PERFORMED er/cin sons NO 2259210 20a. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.)
OR CONTRIBUTING 1 CAUSE OF DEATH
[If EITHER, NOTIFY MEDICAL EXAMINER.] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While at work at work .19.5. 2... and that death occurred at //.30.M, from the causes and on the date stated above. saw the deceased alive on. 12 m. 3.0 ... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED 90 DIRECTOR PHYS. 196 22c. PHYSICIAN S 22d. ADDRESS ath. Pag FUNER director, p Tomac 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) REMOVAL (Specify) Buria. Abraham Cemetery Hagerstown Maryland **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Trans

Hagerstown larvland

Andrew K. Coffig.



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01254 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata daceased lived, if institution: Residence before admission) a. COUNTY e. STATE **b.** COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Washington
c. CTY OR TOWN (If outside corporata I m Is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Days Hagerstown Hagerstown e. IS RESIDENCE d. NAME OF HOSP, TAL OR INSTITUTION of not in hospital, give streat eddress) d. STREET ADDRESS ON A FARM? 650 Summit Ave YES NO TE Washington County Hospital 3. NAME OF Mrdd e Month OF DECEASED **DEATH January** (Typa or print) FUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yaars DATE OF BIRTH last birthday) | Months pue Hours Days Male 1879 WIDOWED DIVORCED Nov. 6 82 10a. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & 12. CIT.ZEN OF WHAT COUNTRY? o Trad conutry) done during most of working life, even if ratirad) USA Engineer
13. FATHER'S NAME City of Hagerstown Cearross Wash 14. MOTHER'S MAIDEN NAME David Schnebly Mary Cromer affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17 INFORMANT Address (Yas, no, or unkown) | (If yas give war or dates of service) 219-14-8080 Mrs Ruth C. Schnebly 650 Summit Ave INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one couse per line lor\_a) (b) and (c).] Hagerstown Md. ONSET AND BEATH ò ig physicie signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bur, al-transit DUE TO Conditions, if eny, which has been gave rise to Immediata causa (a), stelling the underlying certificate ha PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1611 19. WAS AUTOPS PERFORMED? NO 4 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Iam 18.) 20a. ACCIDENT WAS UNDERLYING | | OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year lactory, street, office bldg., etc.) Whila Not While Hour s.m. at work at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 15-15-....., 19.2, That (I) (we) last saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED STAFF PHYS. - DIRECTOR PHYS. M.D. 22c, PHYSICIAN'S 22d. ADDRESS death, Pag. NAME (Typa) . 1 23c. NAME OF CEMPTERY OR CREMATORY DATE THEREOF 23d. LOCATION (C'ty, town or county) 23e. BURIAL, CREMATION. REMOVAL (Spacify) O F A Buria R Cemetery Cearfoss Wash Co 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Hagerstown elding & Trace Andrew K. Coffman

with:n



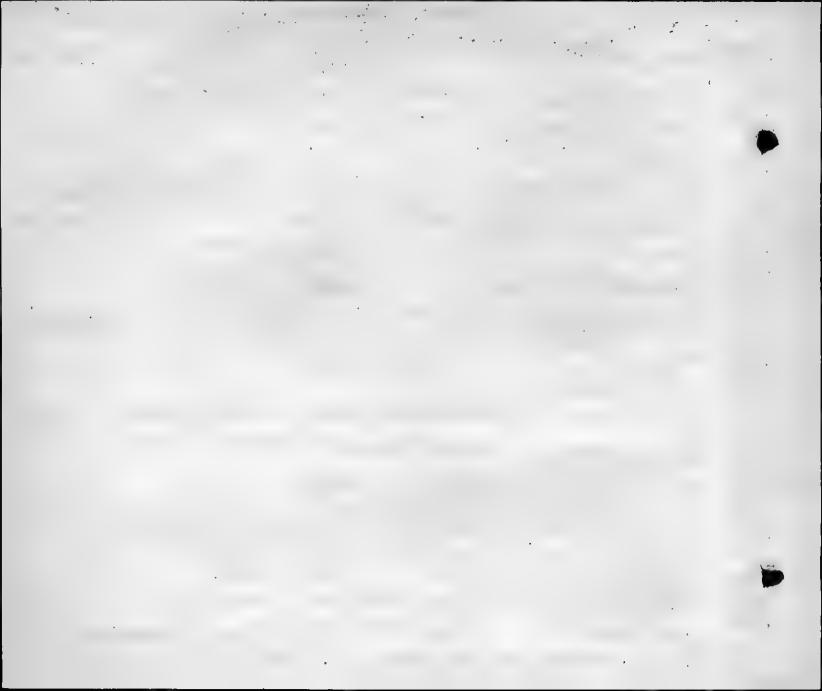
VS. A15ME SM 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a, COUNTY	Z. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edimission)
Washington MARYLAND	* STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Hagerstown 51 years	13 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Washington Co. Hospital	170 S. Prospect St. YES NOTE
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Russell Lee Shadra	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED   JE	11y 16, 1892 69 yrs. Months Deys Hours Min.
10s. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Clerk Hardware Store	Near Boonesboro, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Shadrach	Amanada Stahl
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I (Yas, no, or unkown)   (Ilyasgive war or dates of service)	***************************************
the state of the s	. Althea Shardrach Hagerstown, Md.
18. CAUSE OF DEATH lenier only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Calluser and
420.1 DUE TO // / C	3 1. 11 1 5
Conditions, if any, which (b) Stephenson	whis Vinnes Sisan (5 years
gave rise to immediate cause [a], stating the underlying DUE TO	
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[3]	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury In Part I or Part II of Itam 18.)
To a second seco	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. While Not While p.m. 19 at work at work at work	ory, street, offica bidg., bic.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection Inquiry . and in my opinion
death resulted from: Natural causes Accident . Suici	de . Homicide . Undetermined manner
1/5/0=1	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE A SULLA	M.D. ASSISTANT MEDICAL EXAMINER [] DATE SIGNED
EXAMINED'S 77	DEPUTY MEDICAL EXAMINER 2 29/12
NAME (Type) AST - No ASSISTED STATES	Address (Streat, city, town, or county)
226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 1-31-62 Rose Hill Ce	
23. FUNERAL DIRECTOR ADDRESS	JAN 3 0 '62
Scott F. Minnich & Son Hagerstown	Md. DATE JAN 3 U '62 Cund & Thomas



	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  O1256  CERTIFICATE OF DEATH  O1241
M)	PLACE OF DEATH  a. COUNTY  A. A. S. ING O. MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)  b. COUNTY  A. A. S. ING O. MARYLAND  DIARYLAND  DIARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)  b. COUNTY  A. A. S. ING O. MARYLAND  DIARYLAND  DIARYLAND
81	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  With RURAL and give nearest town)  HAG TOTOWN  AT YRS.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  VARIATION COUNTY 10 SPITAL  8. ANTIFIAM  YES NO
	3. NAME OF DECEASED (Type or print) CATHRYN ELIZABETH SHAFFER DEATH JANUARY 12 1962
	S. SEX HEMALE VHITE WIDOWED DIVORCED 108. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	done during most of working life, even if retired)  HOUSLY, IFE  HOME  MARYLAND  U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	WILLIAM BRUCE DEEDS  LYDIA GFOSH  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no NOntown) (Hyespivewerordelesofservice) NONE MR. F.L. SHAFFER  MD.
2	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stelling the underlying cause lest.  OUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO PERFORMED?
	20a ACCIDENT WAS UNDERLYING
	Hour a.m. None  19 at work at work   21. I certify that (i) (this hospital) attended the deceased from Aug]
R	23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, Iown or county)  23d. LOCATION (City, Iown or c



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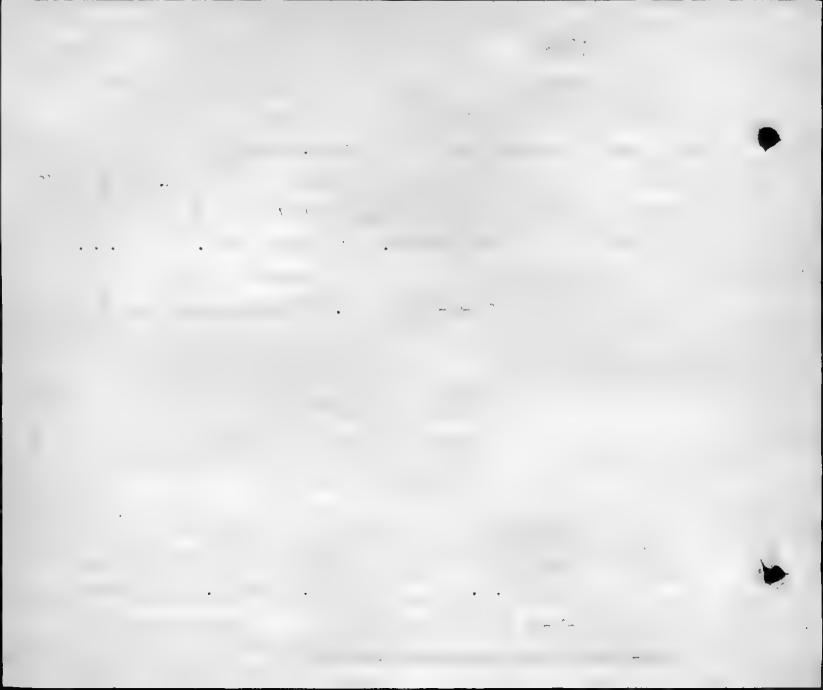
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		O1258 CERTIFICATE OF DEATH
by the fune and 2 shou death.	M	DEACE OF DEATH  S. COUNTY  WASHINGTON  MARYLAND  C. LENGTH OF STAY IN 1b  WITH RURAL and give neerest fown)  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmiss on)  STATE  WASHINGTON  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)
d in b	* /	HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Sive street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
pers 72 h		WASHINGTON CO. HOSPITAL S. MARTIN  NAME OF DECEASED S. MARTIN  Last DATE Month Day Year
ician and complete nove carbon paper: event, within 72 h	I	Type or print) ROMAN RICHARD (DICK) SHIRLEY  S SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  MATE  WIDOWED DIVORCED 5/10/1889  10a. OSDAL OCCUPATION (Give kind of work done during most of working life, even if rollined)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Ste'e, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
g phys ase ren in any		CUSTOBIAN ELE. SCHOOL INDIAN SPRINGS, MD. U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
attendin Then ple oval, and		SAMUEL SHIRLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address  (Yes, no, or unkown) (Ifyespivewaror detectof service)  Address  ADD. FANINYE CHERLEY  CLEAD CROTTER  CROTTER  ADD. FANINYE CHERLEY  CLEAD CROTTER  ADD. FANINYE CHERLEY  CLEAD CROTTER  CR
physician. gned by the sit permit.		NO NONE 214-01-8991 MRS FANNYE SHIRLEY CLEAR SPRING, MD.  18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c),]  PART I DEATH WAS CAUSED BY MEDIATE CAUSE (a) CINTERIOR MEDIATE CAUSE (b) CINTERIOR MEDIATE CAUSE (c) CINTERIOR MEDIATE CAUSE (d) CONTERIOR MEDIATE CA
or attending has been sine building to building urial, cremat	7	Conditions, if eny, which gover rise to immediate cause (e), stering the underlying cause lest.  (c) Coronary Thrombosis 6 mo,
n salcum se hospital is sertificate for use as the	1 the	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  PREPORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH
ained by the R. After the detached of Health		The state of the
y be rel RECTO nould be rate De		21. I certify that (I) (this pospital) attended the deceased from DCC.) 5.,, 1961, to DCC. 3.1, 1962 That (I) (we) last saw the deceased alive op CCC. 3.1 1962, and that death occured an 3000 Mm the causes and on the date stated above
Part 4 ma INE L DI or, Fage 3 st	1	22c. PHYS CIAN'S NAME (Type) David R. Brewer Clear Starry Md.
AK VI2 (4)	Q-	238. BURIAL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town of County) (Sintal)  BURIAL 2/3/1962 ROSE HILL CEMETERY   CLEAR SPRING, MD.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REGISTRAR'S SIGNATURE
15M 7 61	1	Margaret Rowland, CLEAR SPRING, MD. DATE FEB 6 '62 Chrima S. thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

O2450

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	<u> </u>	WASHINGTON MARYLAND	o. STATE MARYT, AND WASHINGTON
	I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete l.mits, write RURAL end give nearest town)
		HAGERSTOWN 21 YEARS	63 HAGERSTOWN
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	M	ARTIN MANOR CONVALESCENT HOME	136 S. POTOMAC STREET YES NO I
	3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
		(Type or print) CARRIE MAE	SHRODER DEATH Jan. 28 19 62
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey)  Months Days Hours Mun
		FEMALE WHITE WIDOWED DIVORCED M	ARCH 11 1867 Ply yrs. Months Deys Hours Min.
		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY
		BOOKBINDER BOOKBINDING CO.	FOUNTAINDALE PENNA. U.S.A.
		SANFORD SHRODER	AMANDA WALKER
/		WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.! 17, 1	NFORMANT Address
	l I a	s. no, or unkown) (Ifyesgivewerordatesofservice) NO 2111-09-7038A	MRS. QUAY COOK HAGERSTOWN MARYLAND
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	No. The Man with my Winterval Between ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (*) CHEND SCLETOLIC	Heart away will Myreamy 10 yr F
		1.2 1.0 DUE TO	F.L.
		Conditions, if any, which (b)	1 acount
		(e), stelling the underlying DUE TO Acute Resources	Inde trus 2 days
1	<sub>z</sub>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(16) 19. WAS AUTOPSY
	100	TAIL IN CONTRACT CONTINUE CONTRACT OF TAIL INC.	PERFORMED?
	25	208. ACCIDENT WAS UNDERLYING . 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Port I or Port II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	ME	p.m. 19 at work at work	4
		21. I cartify that (I) (this hospital) attended the deceased from.	19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
			death occured at
		22a. Schmidt	ATTENDING MED. STAFF DOC 1 22b. DATE
		22c MYSICIAN'S	D. PHYS. DIRECTOR PHYS. 24 Jay 6 2
		NAME (Type) F F LUSBY M. D.	230 N. POTOMAC ST. HAGERSTOWN MARYLAND
		BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
		BURIAL 1-31-62 ROSE HILL CE	METERY HAGERSTOWN MARYLAND
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1		SUTER-ROUZER FUNERAL HOME HAGERSTOWN MA	ARYLAND DATE







e. IS RESIDENCE

Day

Days

(County)

ON A FARM?

YES NO 12

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES I NO TO

22b.DATE SIGNED

(State)

Md.

(State)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01263	CERTIFICATE OF DEAT	01247	
1. PLACE OF DEATH a. COUNTY	a. STATE	CE (Where deceased lived, If institution, Residence before a b, COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN ID	yland Washington foutside corporate limits, write RURAL and give neerest low	
Ruzal Pinesburg  d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	20 yrs. Rural Pi	e, IS Ri	ESIDENCE
Williamsport RFD #1	Middle William		NO V
5. SEX JOSEPH 6. COLOR OR RACE 7. MARRI	Golden Staley  ED TO NEVER MARRIED TO B. DATE OF BIRTH	9. AGE (In years, IF UNDER 1 YEAR) IF UNDER	_62 R 24 HRS.
Male White WIDOW	ed 🛛 divorced 🗆 Jan. 3 188	8 74 yrs. Months Days Hours 74 yrs. O 24  Ty & State, or foreign country   12. CITIZEN OF WHAT C	Min,
dang during most of working life, even if refired)	cick Yard   Waryland	U.S.A	
Joseph Staley		Ann Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyes giva were relates of service) NO	SOCIAL SECURITY NO. 17. INFORMANT	^Pinesburg reford Williamsport Md	RFD
IB. CAUSE OF DEATH (Enter only one cause par PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)	INTERVAL BET	TWEEN
IMMEDIATE CAUSE (a)	c. Myseshdith L. N.F.	arc 71014 IMMe	4/7/
Conditions, if any, which (b)			
(a), staling the underlying DUE TO causa last.			
	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFC	AUTOPSY DRMED? NO
PART II. OTHER'S GNIFICANT CONDITIONS COL	SCRIBE HOW INJURY OCCURED. (Enter natura of njury in	Part I or Part II of Itam 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. While Hour e.m. While he wo			(Stata)
21. I cortify that (i) (this hospital) atter	7/ (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19, to 12.7/6, 19, that (1)	
saw the deceased alive on.			, DATE
22c. PHYS CIAN'S NAME (Type)		AED. STAFF PHYS.	SIGNED
238. BURIAL, CREMATION, 23b. DATE HEREOF	23c. HAME OF CEMETERY OR CREMATORY	23d, LOCATION (City, lown or county) (S	Stata)
Hirial Jan. 30-62	Greenlawn Cemetery	Williamsport Md.	

Williamsport 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

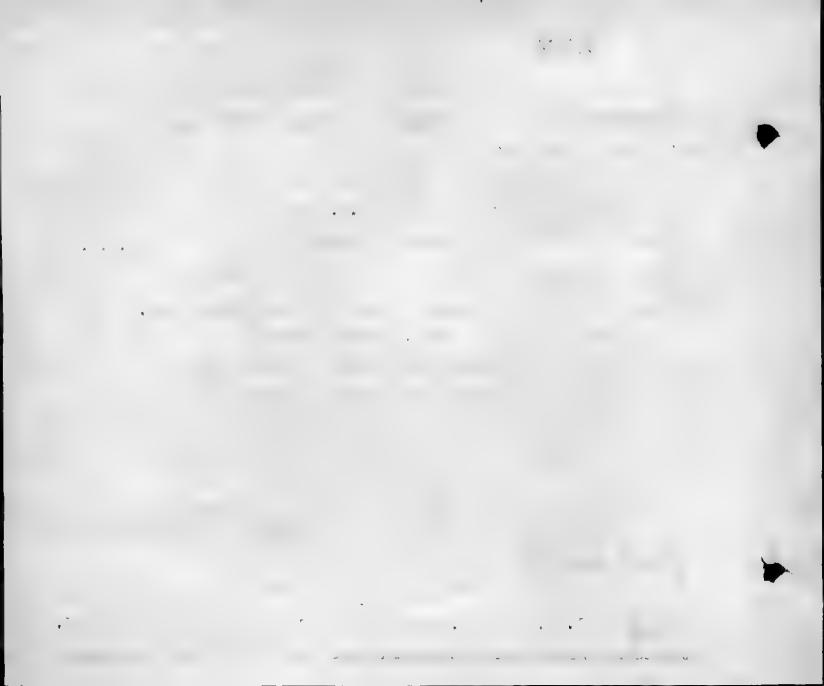
muing S. France

DATE JAN 3 0 '62

VR A15 (4)

24 FUNERA)





FOR STATE HEALTH DEPT TO DEPOTY CAL EXAMINER: This certificate should be manuated within 24 hours after death. If air read y is necessary, please the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sail director. Page 4 should as forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referent your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11 1 2 4 1 0126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission)
	Washington MARYLAND	a. STATE Md. b. COUNTY Washington
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearast town)	c. CITY OR TOWN (If oulsida corporale I mils, write RURAL and give neerest town)
•	Hagerstown 4 Years	4.5 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	301 Radcliffe Ave.	301 Radcliffe Ave. YES \ NO [X]
=	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or priot) Thomas Richard	Stoops Sr. OF DEATH Jan. 28, 1962
7		DATE OF BIRTH 19. AGE (In yours 11 UNDER 1 YEAR) IF UNDER 24 HRS.
		last birthdey) Months Deys Hours Min.
	- Thate - Million	Sept. 91 1918 43 yrs   12. C TIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	
	Salesman, Millers Furniture	Quincy Township  14. MOTHER'S MAIDEN NAME  U.S.A.
	James H. Stoops	Alice Shatzer
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 11	NFORMANT Address Hagerstown, Md.
	(Yes, no, or unkown) . (Ifyasgivewerordetesofservice)	rs. Thomas R. Stoops Sr., 301 Radcliffe Ave.
	Yes 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Strangulation ( B	y Hanging Instant
	J / 4- X DUE TO	
	Conditions, if any, which (b)	
	(a), slating the underlying DUE TO	
	causa last. (c)	
	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	TY CONTRACTOR OF THE CONTRACTO	YES NO
	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING    CAUSE OF DEATH.	plar natura of injury in Pert I or Part II of tem 18 )
	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	mand of his home
	Hung himself in base	ment of his home CE OF INJURY (Home, ferm, 20t. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE Hour e.m. While Not While fector at work at work	ry, street, office bldg., atc.)
	21 I certify that I look charge of the remains described above, hel	Home Hagerstown, Washington, Md.  Id an Autopsy . Inspection . Inquiry . and in my opinion
	dealit resulted from Maidral Causes . Accident ., Suicid	
	SCHIRI (Sele) X-1X	CHIEF MEDICAL EXAMINER
	SIGNATURE / CC STOCK	M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 1-29-62
w ph	NAME (1ypo) Dr. E. W. Ditto, Jr.  228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, city, lown, or county)
	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 1/30/62 Ringgold	Ringgold, Washington Co., Md.
	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Weller 9. Trove Waynesboro, Pa.	DATE JAN 31 '62 Orthur & House

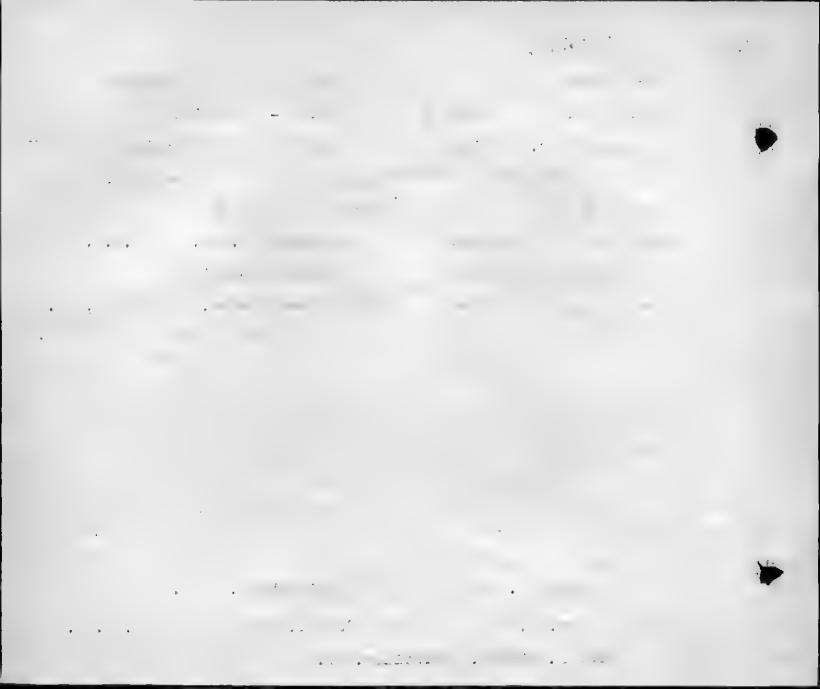


X

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Л	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased l.vad, H. institution: Res	idanca befora admission
	Washington MARYLAND	Maryland Frederick	/
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and c	(ive naarast town)
1	Hagerstown 33 days d. NAME OF HOSPITAL OR INSTITUTION (finof an hospital, give street address)	Rural - Myersville	a. IS RESIDENCE
	Washington Co. Hospital	Route # 1 Middlepoint	YES NO X
	3. NAME OF First Middle	Last 4, DATE Month	Day Year
	(Type or print) MARY ETTA STOTTLEM	YER OF DEATH January 21	. 19 62
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR   F UNDER 24 HRS.
	Dam 2 a - 2 4 4 -	ril 13. 1874 87 yrs.	ys Hours Min.
	1Da. USUAL OCCUPATION (GIVE kind of work 1 1Db. KIND OF BUS.NESS OR INDUSTRY		EN OF WHAT COUNTRY?
	done during most of working life, even if retired)  housewife  own home	Frederick Co. Md. U.S	Δ
		14. MOTHER'S MAIDEN NAME	• 🕰 •
١	Joseph Stottlemyer	Amanda Grossnickle	
7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN		
	(Yas, no, or unkown) (Ifyesgivewerordelesofsarvice) none Star	nley Grossnickle, Myersvil	le. Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c, ]	y	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterior or of rotic	Cardioundoular Dicasse	ONSET AND DEATH
	DUETO		
	Conditions, If any, which to (b)	P. Alana	7 7 7E
	gave rise to immediate cause		-4.
	(a), stating the underlying cause last.		
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS ALTOPSY
	W A A A A A A A A A A A A A A A A A A A		YES NO [7]
		Enter nature of injury in Pert I or Part II of Item 18.)	
-	OR CONTRIBUTING CAUSE OF DEATH		
	U feeler	E OF INJURY (Home, form, 2Df. (City or town) (Country, street, office bldg., etc.)	y) (Stata)
ļ	Hour a.m. While Not While st work to at work to the st te to the state to the st work to the state to	F, alleel, ellies pregit sie.	
	21. I cartify that (I) (this hospital) attended the deceased from	-1'-52 19 to 1-21-22, 19	, that (I) (we) last
	saw the deceased alive on. 1-1-2-19, and that c	death occured at	e date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Charles Less M.D	PHYS. DIRECTOR PHYS.	23-02
	NAME (Type) Charles F. Hess	22d, ADDRESS	
		Smithsburg, Md.	AL AL REAL VIOLENCE VIOLENCE AND AN ARROW NO. 100 AND
	23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		(State)
	Burial Jan.24,1962 Grossnickle		o.Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25B. REGISTRAR'S SIK	
3	Paul F. Bittle, Myersbille	Md DATE DATE	



VR A15 (4) 15M 9/60

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	of DIE	青
	ges 1	after
	pers	2 hours
	bon papers	within 7
The state of the s	move carbor	n, or removal, and in any event, w
	e rem	any
	hen please	ui pue
1	Then	oval,
-	permit.	or ren
1	fransit	mation,
ř	=	(0)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	a COUNTY 4 F	JSUAL RESIDENCE (Where deceesed lived, 11 institution; Residence before edmission)
	Washinglon MARYLAND	STATE MAD 6. COUNTY/ JOS 6
-		CITYON TOWAL (4 as hide assessed by its mails BUILDAY
	write RUNAL and gife hearest town)	:. CITYOR TOWN (if outside corporete limits, write RURAL end give neerest town)
ļ ,	Kural- Hagerslows	Kural- Hagerslow
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	H. STREET ADDRESS
	RDHG	ON A FARM?
1,		1 PT VES NO
3.	3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
1	(Type or print) HNNIE CY. STR	DEATH JAN. 27 1962
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	- I //   Managed = Managed = M	lest birthdey)   Months Deys Hours Min.
	T   WIDOWED   DIVORCED   LOS	C12:1867 92 yrs. 1
10e	10e. USUAL OCCUPATION (G've kind of work 10b. KND OF BUSINESS OR INDUSTRY 11. done dyfrigg most of working life, even if retired)	BIRTHPLACE (County & Stelle, or fole an country) 12. CITIZEN OF WHAT COUNTRY?
	House Keeper Home.	Washington Co 115 A
13.		MOTHER'S MAIDEN NAME
	Oil Cilian	D 1 M
	- Your Co Hors	China IVI Hood
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFOR	Address Address
1110	(Yes, no, or unkdwn) (liyes give war or detes of service)	as W. Strite mangansvelle and
1	18. CAUSE OF DEATH [Enter only one cause per ling to (el. (b), and (c).]	INTERVAL BETWEEN
	ART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) Ceclino Volume	1 Coacular Dune 5 years
	DUE TO	
	Conditions, if eny, which (b) Sensitive gever is to immediate couse	
	(e), steting the underlying DUE TO	
	cause lext. (c)	
z	PART R. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(a) 1 19. WAS AUTOPSY
2		PERFORMED?
Į Š	<u> </u>	YES NO
	20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW NURY OCCURED. [Enter OR CONTRIBUTING [] CAUSE OF DEATH	nature of injury in Part I or Part + of Itam 18.)
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
7	20c. TIME OF INJURY Month, Dey, Yeer , 20d. INJURY OCCURRED , 20e. PLACE OF	INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
8		eel, office bldg., etc.)
¥	p,m. 19 et work at work	
	21. I certify that (I) (this hospital) attended the deceased from 13	- 1- 10/1 /- 27 10/20 W
		7
	1 2	
	saw the deceased alive on, and that death	h occured 1.5.M, from the causes and on the date stated above.
	saw the deceased alive on	
	saw the deceased alive on	h occured 11 5 M, from the causes and on the date stated above.
	saw the deceased alive on	h occured art. M., from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED
	saw the deceased alive on, and that death, and that death	h occured at
	saw the deceased alive on	h occured H. M., from the causes and on the date stated above.  ATTENDING PHYS. DATE PHYS. DATE SIGNED PHYS. DATE PHYS. D
23e	saw the deceased alive on	h occured H. M., from the causes and on the date stated above.  ATTENDING PHYS. DATE PHYS. DATE SIGNED PHYS. DATE PHYS. D
236	saw the deceased alive on	h occured H. M., from the causes and on the date stated above.  ATTENDING PHYS. DATE PHYS. DATE SIGNED PHYS. DATE PHYS. D
	saw the deceased alive on	ATTENDING MED. STAFF PHYS. DATE  ATTENDING MED. STAFF PHYS. D. SIGNED  22d. ADDRESS  EMATORY 23d. LOCATION (City, towal or gounty)  (Stete)
	saw the deceased alive on	ATTENDING  MED.  STAFF  PHYS.  ATTENDING  MED.  DRECTOR  PHYS.  PHYS.  CALL  ADDRESS  EMATORY  23d. LOCATION (City, town or county)  CALL  MEAN Reiters burg.  M.  25e. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	saw the deceased alive on	ATTENDING MED. STAFF PHYS. DATE  ATTENDING MED. STAFF PHYS. DATE  22d. ADDRESS  EMATORY  23d. LOCATION (City, toward sounty)  (Slete)  EMATORY  23d. LOCATION (City, towards sounty)  M. (Slete)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 012682. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE **b. COUNTY** MARYLAND WASHINGTON MARYLAND WASHINGTON c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outs de corporete limits. E LENGTH OF STAY IN 16 write RURAL end give neerest town) HAGERSTOWN DAYS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL E FRANKLIN 3. NAME OF 4. DATE Month M ddle Last DECEASED OF (Type or print) DEATH FRANKT, TN SUMMERS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER I YEAR B. DATE OF BRITH last birthdey) Months WIDOWED [ DIVORCED [ MALE 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or fore an country) done during most of working life, even if retired) RETIRED BARBER BARBER SHOP PENNSYLVANTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB D SUMMERS MARY A HEEFNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) HAGERSTOWN MARYLAND 217-10-3375A MRS. WW HAR BAHGH 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Copy Clas Cala DUE TO lecampenovieurs due to Caranny Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II.) 19. WAS AUTOPSY autruca 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Irem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour a.m. While at work et work 21. I certify that (I) (this hospital) attended the deceased from Jawa 1962 to Jen (2 ..., 1963 that (I) (we) last saw the deceased alive on.... 22e SIGNATURE **ATTENDING** MED. STAFF

by the and 2 death ed in after hours paper complet c carbon pue event. physician **Ретоме** ease .5 aftending and 4 physician. permit. signed by **burial-transit** attending certificate has been r use as the buriaf-tr burial. ö hospital 38 0 may be retained by the h DIRECTOR: After this c For 3 HOS death. TO FUN VR A15 (4) 15M 9/60

CERTIFICATION

22c. PHYSICIAN S

NAME (Type)

TER-ROUZÉR

23a, BURIAL, CREMATION, 23b. DATE THEREOF

funeral

REMOVAL (Specify) BURIAL **ADDRESS** 

FUNERAL

ROSE HILL CEMETERY

23c. NAME OF CEMETERY OR CREMATORY

DIRECTOR

HAGERSTOWN MARYL AND

a. 15 RESIDENCE

YES NO

Yeer

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

cyun

PERFORMED?

NO 4

(State)

22b. DATE

(Stata)

SIGNED

Min.

Deys

II-S-A.

ON A FARM?

HOME HAGERSTOWN MARYLAND

PHYS.

22d. ADDRESS

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ciriling d. Pirane JAN 1 8 DATE

217 W WASHINGTON ST. HAGERSTOWN MARYLAND 23d. LOCATION (City, town or county)

PHY5.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \frac{\pi}{\pi} \frac{\pi}{

DIVISION OF STATISTICAL RESEARCH		REET, BALTIMORE 1, MARYLAND
01269	ERTIFICATE OF DEATH	<u> </u>
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Wh	ere deceased livad, If institutions Residence before admissio
WASHINGTON	MARYLAND MARYLAND	WASHINGTON
	IGTH OF STAY IN 16 c. CITY OR TOWN (If outside	corporate limits, write RURAL and g've nearest town)
HAGERSTOWN 1	O DAYS HAGERSTOWN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	e street address) , d. STREET ADDRESS	a. IS RESIDENC
WASHINGTON COUNTY HOSPITAL	305 N POTOMAC	STREET YES NO K
3. NAME OF hirst DECEASED	Middle Lest 4, DJ	
(Typa or print) FRANK		LATH JANUARY 4 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED B. DATE OF BIRTH	9. AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS
MATE WHITE WIDOWED	DECEMBER 21.1886	75 yrs. Months Days Hours Min.
ton. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Sta	te, or foreign country) 12. CITIZEN OF WHAT COUNTR
FUNERAL DIRECTOR UNDERT	AKING , WASHINGTON	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CHARLES MARTIN SUTER	LAURA: V WE	ITZENBACHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unkown) ] (Ifyesgive war or dates of service)	SECURITY NO. 17. INFORMANT	Address
	6-4820 CHARLES M ROUZER	HACERSTOWN MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a	(), (b), and (c).,	INTERVAL BETWEEN ONGET AND DEATH
PART I. DEATH WAS CAUSED BY: URE EN	IA ,	8 2445
V DUE TO 2 -	and thrombosis	
Conditions, if any, which 5 (b) CERET	DUT I who will but	10 8445
gava the to infinediate causa	2. " 1	1 8'
(a), stating the underlying Sur 10 HYPERT	ENSIDE CARDIO-CASEN	(AR A118418 20 818-12)
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
DE LODAR PUZAMONIA	DrAbyte MECLITUS	PERFORMED?
	OW INJURY OCCURED. (Enter nature of injury in Part I or	
E 20a. ACCIDENT WAS UNDERFYING 120b DESCRIBE ME OR CONTRIBUTING 1 CAUST OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year   20d. INJURY		(City or town) (County) (Stata)
	While factory, street, office bldg., etc.]	
21. I certify that (I) (this hospital) attended th		10. LAN, 4 1962, that (I) (we) la
		7,
22a. SGNATURE	7.40.F., and that death occured at A.	from the causes and on the date stated abov
I I have discharge	ATTENDING MED.	STAFF SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTO	7-10-1790
NAME (Typa) E R LARDIZABAL M		ARYT, AND
		LOCATION (City, fown or county) (State)
REMOVAL (Spacify)		
and the state of t	E HILL CEMETERY H	ACERSTOWN MARYLAND REGISTRAR, 256. REGISTRAR'S SIGNATURE
Charles 711 Mouges	2531.0	
CHARLES M ROUZED HAGERST	OWN MARYLAND DATEAN 9	162 Cirthury S. France

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before edmission) a. COUNTY **b.** COUNTY e. STATE by the and 2 death. WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) څ write RURAL and give nearest town) HAGERSTOWN YEARS HAGERSTOWN 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS POTOMAC 903 POTOMAC AVENUE AVENUE 3. NAME OF DATE Midd e Last DECEASED OF (Type or print) DEATH MAMTE PROVINGER 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR lest birthday) and 88 yrs. FEMALE WIDOWED T DIVORCED physician 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) SELF EMPLOYED SEAMSTRESS BALTIMORE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Then please and LEWIS BALDORF ANN TE CLAUFORD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) , (Ifyes give war or detes of service) physician. permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] signed by DEATH WAS CAUSED BY: ALMME MATE CAUSE (a) **burial-transit** DUE TO affending Conditions, if any, which peen gave rise to immediate cause **DUE TO** (e), steting the underlying certificate has r use as the bu PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION 2 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work TOR: 196 2, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on, 22a SIGNATURÉ ATTENDING ALFD: STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) E.W.DITTO W.WASHINGTON ST. HAGERSTOWN PUN. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) D. p. 7 HAGERSTOWN 25e. REC'D BY REGISTRAR **ADDRESS** VR A15 (4)

HOME HAGERSTOWN

MARYLAND STATE DEPARTMENT OF HEALTH

WASHINGTON

Months

Days

(County)

e. IS RESIDENCE

YES NO TO

19

Hours

INTERVAL BETWEE

PERFORMED?

NO TO

(Stete)

22b. DATE SIGNED

(State)

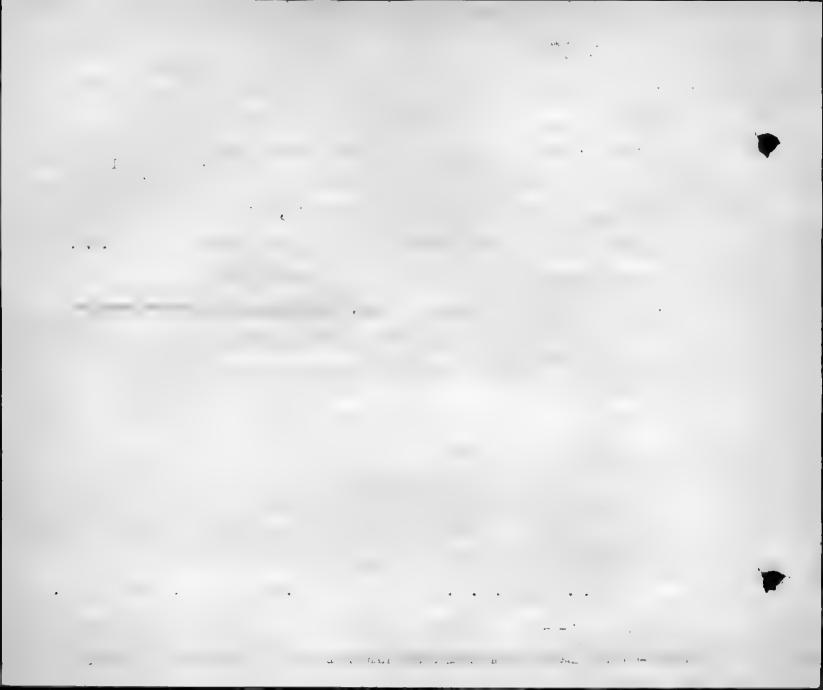
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

IF UNDER 24 HRS.

ON A FARM?

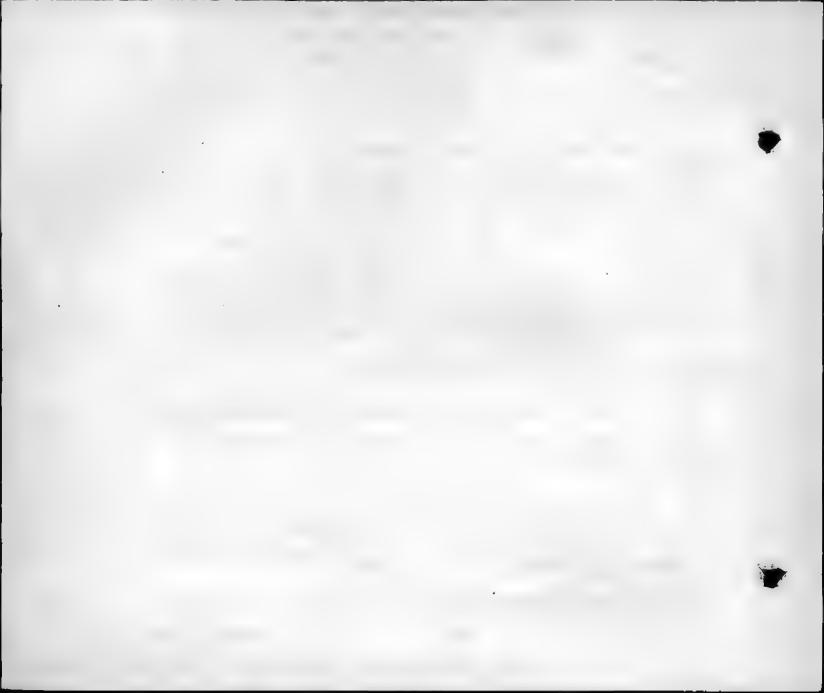
15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before edmission) director. Page e. COUNTY a. STATE b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Washing ton c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate I m Is, write RURAL and give recrest lown) write RURAL and give nearest town) Hagerstown 10 Hrs Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g've streat address) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? 1921 Virginia Washington County Hospital YES NOWY ate 3. NAME OF 4. DATE Middle DECEASED OF the 18. Give Pages 1, 2, and 3 to the form PM3. Page 5 may be remit. File pages 1 and 2 with the veent within 72 hours after d (Type or print) DEATH HOWELT. VICKERS January 21 1968 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Doys Min. Hours White WIDOWED [ DIVORCED Male YIS. Dec 10a. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist W. M. R. R. Retired Sharpsburg Wash Co lid. USA 13. FATHER'S NAME John W. Vickers Barbara E. Hammond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no, or unkown) (Ifyesgivawerordelesofservice) Mrs Helen M. Vickers 1921 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Office along w burial-transit p Hagerstown Ld. INTERVAL BETWEEN ONSET AND DEATH L DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO ross brewi clamage Conditions, if any, which gave rise to Immediate cause er ro **DUE TO** (a), stating the undarlying ö causa last. should be used rial, cremation, PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION Medical Ex PERFORMED? NO G 20a. EXTERNAL GAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Ilam 18.) PRIMARY FINE CONTRIBUTING CAUSE OF DEATH. Mriting S Chief / e 3 the C. Page 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., atc.) While Not While to the OR: P Vaciers for el work al work 21. I certify that I took charge of the remains described above, held an Autopsy ] ], Inspection | inquiry and in my opinion MEDICAL a forwarded h death resulted from: Natural causes Suicide | -Accident Homicide Undetermined manner the CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE. Act. DEPUTY MEDICAL EXAMINER EXAMINER'S Ditto 111, M. D. Edward W. Pinous NAME (Type) DEP Address (Street, city, town, or county) 22a. BURIAL. CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 40 9 Sharpsburg Burial View Wash 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE DATE JAN 2 4 '62 VS. ATSMEO Curumy S. Fleurs Andrew K. Coffman Hagerstown Md 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01273 CERTIFICATE OF DEATH

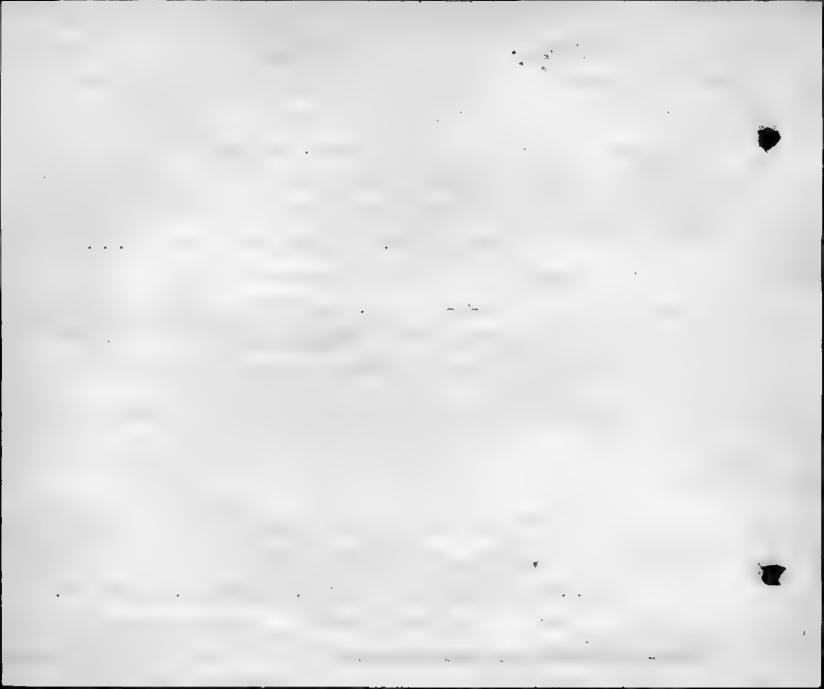
ļī	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
L	COUNTY     WASHINGTON     MARYLAND	a. STATE 6. COUNTY WASHINGTON
-	b. CITY OR TOWN if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN, If outside corporate limits, write RURAL and give nearest town)
-	HACERSTOWN 6 YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	HACERSTOWN  STREET ADDRESS  ON A FARM?
	646 ORCHARD ROAD	646 ORCHARD ROAD YES NO X
ľ	NAME OF First Middle DECEASED	Last JANUARY Day Yeer
L	(Type or print) ELEANOR SPANGLER	WHITE DEATH DECEMBER 2 1962
13	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED X DIVORCED	OCTOBER 19 1876 85 yrs.
	106. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	WASHINGTON MARYLAND U.S.A.
Y	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	J SPANGLER KIEFFER	MARY CLARK
17	5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17. Yes, no, or unknym}   (Ifyesgive werordeles of service)	INFORMANT Address
1		RS. IRVINE RUTLEDGE HAGERSTOWN MARYLAND
	18. CAUSE OF DEATH [Enter only one ceuse per line for .e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE M 10 C 2 T 6 12	I Interction 2 hrs.
	DUE TO	
		erotic Heart Disease 6 tro.
П	geve rise to Immediata causa (a), stating the underlying DUETO	
1	cause lest. (c)	
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
13	<u> </u>	YES NO 🔀
NOTE A DISTORT	E 2Db. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF CITHER, NOTIFY MEDICAL EXAMINER)	). (Enter neture of injury in Pert I or Pert II of item 18.)
13	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm,   2Df. (City or town) [County] (State)
100000	Hour e.m. While Not While fee at work et work	tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	NOV . 21, 1953 to Jan 2, 1962, that (1) (wo) last
		NOV. 21, 1953 to Tem. 2, 1962, that (I) (we) last death occurred at 41.1.M. from the causes and on the date stated above.
		death occured at 4.1. M, from the causes and on the date stated above.
	saw the deceased alive onJ.2	death occured at 4.12.M, from the causes and on the date stated above.
	saw the deceased alive on. J. 2. 1. 2. 19 6.2., and that 22e. SIGNATUR C. / J. J. 2. 19 6.2., and that 22e. PHYSICAN'S	death occured at.4.1.M, from the causes and on the date stated above.  ATTENDING PHYS.  MED. PHYS.  ORRECTOR PHYS.  1/4/62
	saw the deceased alive on. J. 2 1 2 1962, and that 226. SIGNATUR C. / [ ]	death occured at.4.1.M, from the causes and on the date stated above.  ATTENDING  MED.  STAFF PHYS.  1/4/6>
12	saw the deceased alive onJ. 2	ATTENDING MED.  ATTENDING MED.  PHYS.  AD PHYS.  AD DIRECTOR PHYS.  22d ADDRESS  211 N POTOMAC ST. HAGERSTOWN MARYLAND
	saw the deceased alive onJ. 2	ATTENDING MED.  ATTENDING MED.  PHYS.  AD PHYS.  AD DIRECTOR PHYS.  22d ADDRESS  211 N POTOMAC ST. HAGERSTOWN MARYLAND
2	saw the deceased alive on. J. 2	death occured at.4.1.M, from the causes and on the date stated above.  ATTENDING MED. STAFF 145. DATE  PHYS. DIRECTOR PHYS. 145. S.GNED  22d ADDRESS  211 N POTOMAC ST. HAGERSTOWN MARYLAND  OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
22	saw the deceased alive onJ. 2	ATTENDING MED. STAFF DIRECTOR PHYS. 1/4/62  22b. DATE S.GNED DIRECTOR PHYS. 1/4/62  22d ADDRESS  22ll N POTOMAC ST. HAGERSTOWN MARYLAND OR CREMATORY 23d. LOCATION (City, town or county) (Sieta)  METERY  HAGERSTOWN MARYLAND 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



8

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
01276 CERTIFICATE OF DEATH	1119

1	CERTIFICATE	OF DEATH	
1. PLACE OF DEATH			sed lived, If institution: Residence before edmission)
e. COUNTY	MARYLAND	e. STATE	b. COUNTY
WASHINGTON  b. CITY OR TOWN (if outs de corporet		MARYLAND	WASHINGTON  e limits, write RURAL and give negrest town]
write RURAL and give nearest tow	m)	A 2	o mino, trito troma or a grio restato non in
HAGERSTOWN	3 DAYS	CO HAGERSTOWN	or paripraise
d. NAME OF HOSPITAL OR INSTITUT	ION (if not in hospital, give street eddress)	d. STREET ADDRESS	15 RESIDENCE     ON A FARM?
WASHINGTON COUNTY I	HOSPITAL	1230 MT. AETNA ROAD	YES TO NO
3. NAME OF DECEASED	First Middle	Lest 4. DATE OF	Month Dey Year
(Type or print)	TEL ALBERT W	DEATH	JANUARY 2 19 62
5. SEX 6. COLOR OR			GE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
	TO THE MAKE THE MAKE THE TOTAL THE T	la la	st birthdey)   Months   Deys   Hours   Min.
MALE WHITE		ULY_26_1901	60 Aur
10e. USUAL OCCUPATION (Give kind o done during most of working life, even if		11. B RTHPLACE (County & State, or fore)	gn country) 12. CITIZEN OF WHAT COUNTRY?
CIVIL ENGINEER	MACHINERY IND.	BOALSBURG PENNSYLV	ANIA U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN M WIELAN	ATT.	DOCA I VENNETTY	
15. WAS DECEASED EVER IN J.S. ARMEI		ROSA J KENNEDY	Address
(Yas, no, or unkown) (Ifyesgivewerorde	rtesofservice)		
NO DEPOSIT OF DEPOSIT OF THE PARTY OF THE PA		. DANIEL A WIELAND I	
PART I. DEATH WAS CAUSED	ly one cause per line for (e), (b), and (c) ?		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAU	SE (0) Myocardial.	Infarction herosclerosis	4 Ster.
11 101	JE TO /	0	
Conditions, if any, which	(b) COLOMBIAN AX	hero-oclosesu	2-5 ym
gave rise to immediate cause	UE TO	And the first of the second se	
(e), steting the underlying course lest.			
	(c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CO	NOITION GIVEN IN PART 1(e) 119, WAS AUTOPSY
PART II, OTHER'S GNIFICANT C			PERFORMED?
S Course Ly			YES NO .
E 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE		(Enter nature of injury in Part I or Part II of	item 18.)
	INER)		
20c. TIME OF INJURY Month, De		E OF INJURY (Home, ferm, 20f. (City or ry, street, office bldg., etc.)	town) (County) (State)
Hour e.m.	While Not While mctor	ry, sireer, office bidg., etc.,	
	rospital) attended the deceased from.	100 36 1006	Q14 2 1962, that (1) (we) last
saw the deceased alive on	19.9. and that to	death occured att. C. yem, from the	ne causes and on the date stated above.
220. STEEDLATURE	C. 8/2-		STAFF /SIGNED
Colward W.	041110 44 , M.D		PHYS. 1/5/(2
22c, PHYSICIAN'S NAME (Type)		22d. ADDRESS	·
E.W.D.	ITTO 3rd_M_D	217 W. WASHINGTON	ST_ HACERSTOWN MD.
23e. BURIAL, CREMATION, 23b. DATE	THEREOF 23c, NAME OF CEMETERY O		ON (City, town or county) (State)
BURIAL (Specify)	62 ROSE HILL CEM	ETERY HAGER	STOWN MARYLAND
24-MONERAL DIRECTOR'S SIGNATURE	/ ADDRESS	25e. RECID BY REGISTRA	R 25b. REGISTRAR'S SIGNATURE
July 11) Kouse			Contract S. Formus
SULFK-ROUZER FROER	AL HOME HAGERSTOWN MARY	LAND DATE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission a. COUNTY e. STATE b. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give neerest town] HAGERSTOWN DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X WASHINGTON COUNTY HOSPITAL 917 MT. AETNA ROAD 3. NAME OF Middle 4. DATE Month DECEASED OF 1962 (Type or print DEATH 18 JANUARY VIOLET MTRTAM WILHELM 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED 19. AGE (In yours IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey) | Months | WIDOWED -DIVORCED T JANUARY 7,1902 FEMALE 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. HAGERSTOWN MARYLAND HOMEMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOTTIE BOWERS MARKELL WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) [ (If yes give wer or dates of service) HAGERSTOWN MARYLAND WALTER L WILHELM NONE 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PARTJ. DEATH WAS CAUSED BY: year + Metastatic carcinoma of liver IMMEDIATE CAUSE (a) DUF TO Carcinoma, left breast year + Conditions, if eny, which (6) geve rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO Coronary artery disease, arteriosclerotic, mild.

20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of ilem 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER I 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) 20c, TIME OF INJURY Month, Day, Yeer Not While While al work \_ \_ al work \_ \_ 21. I certify that (I) (this hospital) attended the deceased from Nov. 4. 1961 19 ...., to ...death ......., 19 ...., that (I) (we) last ATTENDING 22b. DATE 22a. SIGNATURE MED. SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Robert POTOMAC ST. HAGERSTOWN MARYLAND 23a, SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) HACERSTOWN MARYLAND BURTAT 258. REC'D BY REGISTRAR 256. REGISTRAB'S SIGNATURE **ADDRESS** DAMAN 2 4 '62 HAGERSTOWN MARYLAND

funeral

by the and 2 death.

completel

and cor

attending-physician

signed by

attending

arried by the hospital or attending.

R. After this certificate has been detached for use

DIRECTOR: After 3 should be detach

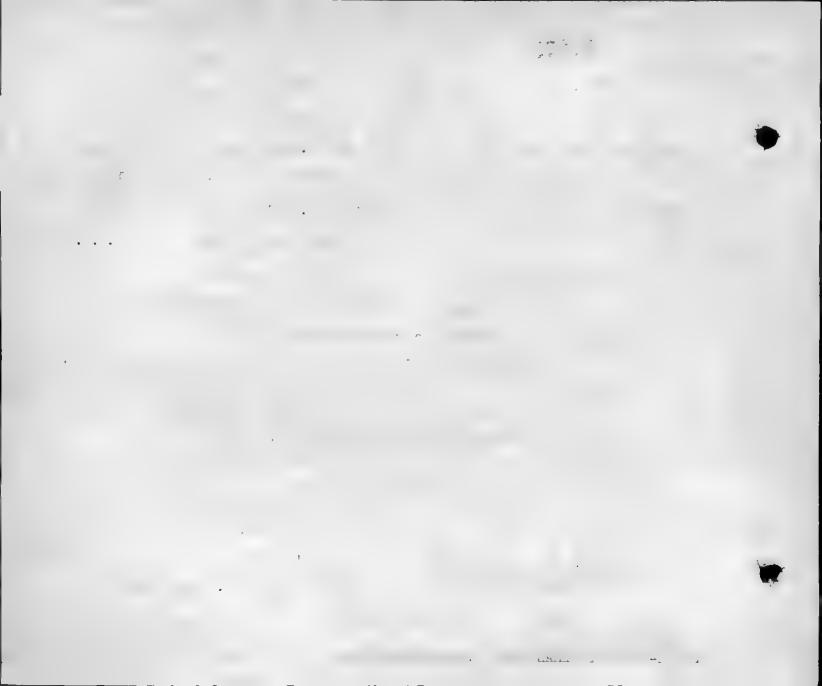
director, page 56 filed with

VR A15 (4)

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**Surial-transit** 

the bur burial,



VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1276)

	PLACE OF DEATH					NCE (Whare daceasad livad,		nce before admission)
)		nington		MARYLAND	Pennsylvania Franklin			
	b. CITY OR TOWN (if a	outside corporata limits,	c. LENGT	H OF STAY IN 16	The second secon	(If outside corporate limits, w	- Corner	Title alle in the control of the con
R	ural Boons	4	8 v	ears	Wayr	nesboro	7.	5x · 3
	d. NAME OF HOSPITA	L OR INSTITUTION (if n			d. STREET ADDRESS			a. IS RESIDENCE
Fa	hreny-Keedy	Memorial I	Home for	the Aged	Inc. 127	S. Broad St.		YES NO W
3.	NAME OF DECEASED	First		Middle	Last	4. DATE Mo	nth Day	Year
	(Typa or print)	Sud	10	Mav	Wingert	DEATH	1 27	19 62
5.	SEX 1	6. COLOR OR RACE 7.			DATE OF BIRTH	19. AGE (In year	ITS   IF UNDER 1 YEAR	
4	Female		VIDOWED [		August 23. J	lest birthday	Months Days	Hours Min.
10	. USUAL OCCUPATIO	N (Give kind of work	106. KIND OF BUS	INESS OR INDUST		unty & State, or foreign count	y) 12. CITIZEN	OF WHAT COUNTRY?
S	ubstitute	age har	Educat	ion	Marmock	omo Do	U.S.	A
	FATHER'S NAME	6801161	Daucat.	1011	1 14. MOTHER'S MAIDE	oro, Pa.	U,53.	R.
	Rev. Laban					ice Stover		
15. (Ye	. WAS DECEASED EVER	IN U.S. ARMED FORCE	57 16. SOCIAL SE	CURITY NO. 17.	INFORMANT	Addr	0.51	
1,4,	no	and the state of the state of the state of	none	a Mr	s. Mildred E	Kisecker W	aynesboro	Pa
=		ATH  Enter only one ca				, mincoudi "	111	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	40	1	ander int	enrous	0	NSET AND DEATH
	LA LIN	MEDIATE CAUSE (a)	elner	surger o	murione	entus	300	9 gro
	15	DUE TO		//				
	Conditions, if any, which (b)							
	gava risa lo immadiat	DUE TO						
	(a), stating the und	anying						
z		IGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION	SIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	77301 07 5 10100							PERFORMED?
2								YES NO
I I	OR CONTRIBUTING		Ob. DESCRIBE HOW	/ INJURY OCCURE	). (Entar nature of injury i	n Part I or Part II of Itam 18.)		
12	(IF EITHER, NOTIFY N	(EDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OC		CE OF INJURY (Home, fa		(County)	(State)
0	Hour a.m.		While Not W	***************************************	tory, streat, offica bldg., a	tc.)		
2	p.m.	19	h-J	haird	1 4	/1 6	-0/1	
	21. I certify the		attended the	deceased from.	OCO 10	1961. 10. Garresan	MJ 1962,	that (I) (we) last
	saw the decease	d alive on.	cent 26 19	and that	death occured ate	R.A.M. from the cause	sand on the	date stated above.
	22a. SIGNATURE	Va 181	00 11		1		V	, /22b./DATE
	-	1 10 1	ellen		ATTENDING PHYS.	MED. STAFF PHYS.	7	1/27/SIGNED
	22c. PHYSICIAN'S				22d. ADDRESS	,		11100
	NAME (Type)	G. W. Y	evan		1300	nobou, m	d	/
23		N, 236. DATE THEREC	F   23c. NA.	ME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	lown or county)	(Stata)
	REMOVAL (Specify) Burial	1/29/62	Ring	tell bloom	on Comotor	Cmithabara	Ma D D	2
-	FUNERAL DIRECTOR'S			ggold Uni	on Cemetery	Smithsburg	NEGISTRAR'S SHEN	ATUDE
24	Dies and I	199				AN Z SEGISTRAR 25b.	THE TOTAL PER	ZZENE
	Malter	HOR	n a,	mesboro,	Fa. DATE			

"Playing "endy Memorial Told year the week the. 277 P. Prosenth,

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Mary Laborat Santal

Fig. 1. The respect to the contract of the parts of the same of th

ALL accommend Englishments II.

VR A1S (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

040-

01260

1. PLACE OF DEATH a. COUNTY WASTH	INGTON		MARYLAND	o. STATE	EST V		. If institution: Res b. COUNTY	idence before odm	nission)
b. CITY OR TOWN	(If autside carporate limits	, write c. l	LENGTH OF STAY IN 16	+		<b>à e</b> ide carporate li	mits, write RURAL o		lwn)
	CLEARSPRING 6 months			FALLING WATERS 85X.3					
	ITAL (If not in hospital, giv	re street addr		d. STREET				e. IS R	ESIDENCE A FARM?
Gateway		Iome		Re	ute #	1			ON D
3. NAME OF DECEASED	First		Middle	Lo	si 4.	. DATE OF	Month	Day	1962
(Type or print)	AGN	VES	Α.	WRIG	HT	DEATH	JAN.	9	19 62
s. SEX	6. COLOR OR RACE	7. MARRIED	NEVER 'MARRIED	8. DATE OF BIRT		9. AC	E (In years IF UN birthday) Mont	ths Days Hour	
Female	11277 00	WIDOWED 5		1.0	.6, 187		33 yrs.		
<ol> <li>USUAL OCCUPATI during most of wor</li> </ol>	ION (Give kind of work do rking life, even if retired)	ane 10b. KINI						CITIZEN OF WHA	T COUNTRY?
	Duties  Duties		Home	-	ingtor		Md.	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Samuel	Wolford				nnie 4				
5. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wer or dotes of ser-	ES? 16. SOC	IAL SECURITY NO. 17.	Robert	20 1N/m -	laht -	Address		
(Yas, no, or unknown)				Folling	Water		son		
18. CAUSE OF DE	ATH [Enter only one cou	se per line fo	r (a), (b), and (c).}	^ (		7		INTERVAL ONSET AN	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	1/1	MOCAVO	tral	Tnt	auch	104	ONSE! AI	TO DEATH
473	DUE TO	-	7		4	1	***		
Canditions, if	any, which ) (b).	(0	100,5	2111	6	1/12.	SIOL		
gove rise ta	immediate DUE TO	Λ	11	15	-				
lying couse last		14	thero	sdle	vosi	5			
PART II. OT	THER SIGNIFICANT COND	ITIONS CONT	TRIBUTING TO DEATH BL	T NOT RELATED T	O THE TERMINA	L DISEASE CON	IDITION GIVEN IN	PART 1(0) 19, WA	S AUTOPSY
PART II. OT	110	ne	2						FORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature	af injury in Par	t I ar Port II af	item 18.)		
OR CONTRIBUTION	AS UNDERLYING A CAUSE OF DEATH Y MEDICAL EXAMINER)								
20c. TIME OF INJU	RY Manth, Day, Year	20d. INJUR	Y OCCURRED 20e.	LACE OF INJURY	(Hame, form,	20f. (City or to	wn)	(County)	(State)
20c. TIME OF INJU	10	While at wark		actary, street, offic	e bldg., etc.)				
	<b>A</b>			A	205	8. 1	n 9 1	019411	
	at((1)) this haspital)	. 0	19 6 Zand that						
22a. SIGNATURE	ased alive an	h o	and that	death acourre	a or II M	, tram the	causes and an		22b, DATE
1 1/	1/1//	5	- UNTO	M.D. PHYS.	MED.	TOR D ST.	AFF YS.		SIGNED
22c. PHYSICIAN'S	40	89	yan	22d. ADDI		TOK LI PH	13.	11.	1
NAME (Type)	ME	136	10 1/2-	(0)	11:0	un S v	nort-	Md	
23a. BURIAŁ, CREMATI	ON, 23b, DATE THEREOF	27	c. NAME OF CEMETERY	OR CREMATORY	23	d. LOCATION	City, town, ar cour	ntv) is	late)
REMOVAL (Specify	1)				_	alling		on on Hon	. W.V
Burial 24. FUNERAL DIRECTOR	1-11-196		Harmony Co	and ret. A	1	Y REGISTRAR	Waters 25b. REGISTRAR'		4 10 0 0
HK. B.		Mo	rtinsburg	W Ve		1 1 5 '62	1	1 & Kraus	
"1/1 1 9019	ww	B/1.2	T OTHER OFF	TI . YEL	DAIL WALL			. 40. 140-00-3	

MODERALEN Probab. Carried Thruster address working the transfer of E witch) William - No. April lay 1878 aring: 1 sich tolon taken red p. 25 griden falsen o Article Print - the real streets BEAUTIFUL TO THE STATE OF THE S FIRE OF STATE Management Sections of the Control alvertised treet